

# Historic Context

## St. Louis VA Medical Center – Jefferson Barracks Division



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## Historic Context: VA Medical Center-Jefferson Barracks

The Department of Veterans Affairs (VA) commissioned the preparation of this historic context in accordance with a July 2010 Memorandum of Agreement among the VA, the Missouri State Historic Preservation Officer, and the Advisory Council on Historic Preservation. The agreement addresses construction and demolition of buildings at the St. Louis VA Medical Center-Jefferson Barracks Division (VAMC-JB), a site which is an important off-shoot of the storied Jefferson Barracks U.S. Army post (1826-1946) and likewise neighbor to the Jefferson Barracks National Cemetery. The MOA also formalized the determination that the Veterans Affairs Medical Center, Jefferson Barracks historic district, is eligible for listing in the National Register of Historic Places (NRHP). This historic context study refines and details the basis for that determination.

“Jefferson Barracks” in the broadest definition is a 1,700-acre geographical location along the banks of the Mississippi River, in the far south of the City of St. Louis, which as of 2012 is governed and staffed by four main entities: Jefferson Barracks National Cemetery, Jefferson Barracks Park of the St. Louis County Parks System, Missouri Air National Guard, and the VAMC-JB (half of a two-hospital system that also includes the John Cochran Division hospital in downtown St. Louis). In this study, when Jefferson Barracks is referred to as a concept of place or broad location (as opposed to one of its distinct institutional parts noted in the previous sentence), it is referred to as “Jefferson Barracks proper.” For ease of discussion, the current acronym of “VAMC-JB” is used with greatest frequency throughout this document. In general, this study coalesces existing research and provides new research, with particular focus on contemporary St. Louis-based primary sources dating to critical periods of change and development, secondary sources, and interviews. The site’s history is assessed in an era of pending and ongoing re-development and re-configuration to place the VAMC-JB site within its appropriate historical context for study and evaluation of NRHP eligibility as a U.S. Second and Third Generation Veterans Hospital with significance under *Criterion A: Health/Medicine*. The period of significance for U.S. Second Generation Veterans Hospitals of 1919-1950 and the period of significance for U.S. Third Generation Veterans Hospitals of 1946-1958 are examined for the VAMC-JB site. The time frames for both of these veterans hospital associated property types coincide with the growth, development, and major construction campaigns at VAMC-JB, which largely occurred between 1922-1940 and 1950-1957. The following conclusions were reached as a result of the assessment conducted for this historic context:

- This study concludes that the property is eligible under the NRHP Multiple Property listing for U.S. Second Generation Veterans Hospitals as a facility originating from the national initiative to improve veterans health care following World War I.
- The site was found to not retain eligibility under the NRHP Multiple Property listing for U.S. Third Generation Veterans Hospitals. The Third Generation component of the campus lacks sufficient integrity for NRHP eligibility due mainly to the planned demolition of seven of the eleven major Third Generation buildings and construction of new larger and higher profile facilities throughout the Third Generation portion of the campus. These structural site improvements are part of a mandated campus realignment project, and are merely a further loss of Third Generation integrity stemming from

extensive pre-existing modifications to some of the Third Generation buildings that are slated to remain after the realignment.

A NRHP listing is already separately held by the adjacent Jefferson Barracks National Cemetery and by a broader Jefferson Barracks Historic District that encompasses the former army post and current county park. Every effort has been made in this context to appropriately separate the VAMC-JB history, when separation is due, to avoid the easy pitfall of conflating the historic experience of the military post and the veterans hospital Jefferson Barracks settings.

## I. Statement of Context

This historic context describes the history of the VAMC-JB in St. Louis, Missouri. Its site origins in 1921-22 paralleled the establishment of the national Veterans Bureau in 1921 (itself representative of the modernization and systematization of veterans care in the era of modern total war of World War I and beyond). The growth and building development onsite are represented by the primary periods of construction from 1922-23 and 1926-1940 as a general medical and surgical hospital. The VAMC-JB's over-arching historical characteristic is as a representative property in the family of U.S. Second Generation Veterans Hospitals (1919-1950) that came to fruition following World War I, resulting in the nation's largest network of hospitals, as defined in the NRHP Multiple Property Documentation Form (MPDF) for these same hospitals.<sup>1</sup> From 1922-1923, seven buildings containing hospital administrative and clinical functions, staff residences, and utility-type facilities were constructed on the VAMC-JB campus, and another 10 buildings and structures were constructed from 1926-1940 (see Table 1).<sup>2</sup> The VAMC-JB's building history continued into the post-World War II period with a new phase of construction within the U.S. Third Generation Veterans Hospital period of significance (1946-1958). Major construction on the site in 1950-52 and later in 1957 served as the visual articulation of the hospital's conversion to a neuropsychiatric facility, which was part of the national trend to improve mental healthcare and to address the needs of returned veterans."<sup>3</sup> The building additions of the 1950s at Jefferson Barracks mirror the national response to the physical and neuropsychiatric needs of World War II vets who returned to the U.S. Aggressive plans were laid out when General Omar Bradley led the VA during his crucial tenure from August 1945-December 1947.<sup>4</sup> Part of what the VA announced on February 16, 1946 as "the most gigantic hospital building program in the history of the world," the VAMC-JB additions in the actual

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<sup>1</sup> Trent Spurlock, Karen E. Hudson, and Craig A. Potts, *National Register of Historic Places Multiple Property Documentation Form for United States Second Generation Veterans Hospitals*, October 2011, 6. Prepared by Cultural Resource Analysts, Inc., for the VA Historic Preservation Office, accepted as MPS 64501132 on January 12, 2012 by the National Park Service (hereafter cited as "MPDF").

<sup>2</sup> Maria Burkett and Roy Hampton, and Hardlines Design Company, *U.S. Veterans Hospital, Jefferson Barracks, St. Louis, Missouri, HABS No. MO-1943, Historic American Buildings Survey, National Park Service*, Report prepared for the Department of Veterans Affairs, October 2010, 3-7.

<sup>3</sup> Lindsey S. Hanna, Susan Barrett Smith, *National Register of Historic Places Multiple Property Documentation Form for United States Third Generation Veterans Hospitals*, February 2012, R. Christopher Goodwin & Associates, Inc., under review by VA Historic Preservation Office (hereafter cited as "MPDF Third Generation").

<sup>4</sup> U.S. Department of Veterans Affairs, *VA History in Brief* (Washington, D.C: U.S Department of Veterans Affairs, 2006, [http://www.va.gov/opa/publications/archives/docs/history\\_in\\_brief.pdf](http://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf) (accessed 3/9/12)).

**Table 1. Building and Structure Resources**

Building/Structure #	Year(s) of Construction	Historic Name/Use
1	1922-1923	Main Hospital Building
2	1922-1923	Administration Building
3	1922-1923	Nurses' Quarters 1
4	1922-1923	Attendants' Quarters
5	1922-1923	Boiler House
6	1922-1923	Laundry 1
7	1922-1923	Garage
8	1926	Storehouse
17	1935	Engineering Maintenance Office Building
18	1939	Nurses' Quarters 2
23	1937	Dining Hall
24	1936	Recreation Building
25	1929	Neuropsychiatric Building
27	1929	Duplex Personnel Building 1
28	1929	Medical Officer in Charge Residence
29	1929	Duplex Personnel Building 2
32	1925-1934	Flagpole
35	1940	Personnel Garage
38	1952	Main Switching Station
44	1952	Concrete Platform
45	1952	Concrete Platform
48	1952	Laundry 2
50	1952	Neuropsychiatric Hospital Admissions Building
51	1952	Neuropsychiatric Hospital Infirm Building
52	1952	Spinal-Cord Injury Unit & Neuropsychiatric Tuberculosis Bldg.
53	1952	Neuropsychiatric Disturbed Building
60	1952	Kitchen
61	1957	Special Services Building
63	1957	Therapeutic Exercises Building
64	1952	Chapel
65	1952	Medical Rehabilitation Building
70, 70A, 71	1952	Boiler House

construction period of 1950-1957 resulted in the construction of 14 buildings and structures covering hospital administrative, clinical, and utility/service functions (see Table 1).<sup>5</sup>

The character of the campus was established by the resources constructed during the 1922-1940 building period (this site's period of significance for this NRHP nomination). Subsequently, this period, with its Colonial Revival, Mississippi River-oriented construction, was followed by the site's 1950s construction period, which falls within the Third Generation time frame of 1946-1958. The 1950s construction in the mid-century "International" style was followed by intermittent spurts of growth and development at the hospital in nearly every decade, except during the 1960s Vietnam War era, with the preponderance of change consisting of utility/service type buildings, and including such facilities as structures for generators, laundry facilities, modular buildings for administrative and clinical purposes, a bus stop shelter, security station, and storage shed, with no new buildings for patient care or administration.<sup>6</sup> Both the Second and Third Generation U.S. Veterans Hospital periods of significance, covering the nearly 40-year time frame of 1919-1958, are addressed in this study.

This historic context demonstrates, with detailed analysis, the VAMC-JB site's potential for listing in the NRHP as a historic district with consideration of all resources dating to the 1922-1940 and 1950-1957 campus construction periods. The respective MPDFs recognize that each campus uniquely represents the Second or Third Generation Veterans Hospital property type. This is the case at VAMC-JB, even though the early 1920s designs started with a Treasury Department, Office of the Supervising Architect, standardized plan, and the 1950s additions began with a private architect's interpretation of mid-1940s VA Neuropsychiatric Division schematics for new, model psychiatric hospitals.<sup>7</sup> VAMC-JB's uniqueness starts first with the fact that it was "carved out" from a historic army post with its own long history in medical service, and that it occupies a breathtaking and inspiring location in the St. Louis metropolis on the banks of the Mississippi River (see Figure 1, Aerial view of Jefferson Barracks proper and Mississippi River). VAMC-JB interacted, continuously though at varying levels, with the Jefferson Barracks military post, which was a critical training ground for proud military service in wars at home and abroad. This interaction includes shared infrastructure, sometimes shifting property lines and property usage, the shared name and historic recognition as part of Jefferson Barracks proper, and a continuation of a St. Louis area heritage for medical treatment of soldiers and veterans from all wars, beginning with the Civil War to the current service provided to returning Afghanistan and Iraq war veterans.

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<sup>5</sup> HABS No. MO-1943, 10-13; *New York Times*, "Veterans Will Get 183 New Hospitals: Gen. Bradley Reveals New Plan Calls for 151,500 Beds in 39 States," February 17, 1946 and *New York Times*, "Engineers, VA Open Talks on Hospitals: Corps Will Direct Building Program through Division and District Offices," February 18, 1946, with the *New York Times* factual correction on hospital number that "the number of hospitals involved in the unprecedented program is eighty, including three now being built. The number was erroneously reported as 183 in today's *New York Times*; but this figure includes the present hospitals of the Veterans Administration."

<sup>6</sup> HABS No. MO-1943, 13.

<sup>7</sup> Paul Haun and Z.M. Lebensohn, "New Trends in Hospital Design," *The American Journal of Psychiatry* 104, no. 8 (February 1948). <http://ajp.psychiatryonline.org/cgi/reprint/104/8/555> (accessed April 8, 2011); HABS No. MO-1943, 26, 32.





**Figure 1. Aerial view of Jefferson Barracks proper and Mississippi River.**

VAMC-JB property closest to bridge, with National Cemetery adjacent, ca. 1980.

*Photo courtesy of VAMC-JB Medical Media.*

## II. Background History

The site of the VAMC-JB was previously the southernmost part of the Jefferson Barracks military reservation. As proudly and succinctly articulated in Jefferson Barracks Heritage Foundation's website, "Named in honor of President Thomas Jefferson, established in 1826, Jefferson Barracks is the oldest operating U.S. military installation west of the Mississippi River and has played a critical role in our nation's military history. Hundreds of thousands of men and women have passed through Jefferson Barracks on their way to conflicts ranging from the Indian and Civil Wars, WWI, WWII, Korea, Vietnam, and most recently, Afghanistan and Iraq." The historical development of the property that is currently the site of the VAMC-JB begins in the 17th century, and is described below.

The French explored and claimed the vast territory of Louisiana, essentially the area formed by the entire watershed of the Mississippi River, in 1682. To consolidate their holdings, the French established a chain of fortified towns along the river, including one at Cahokia, Illinois, across the river from present-day St. Louis. French explorers and fur trappers were joined by Catholic

missionaries, and one of these missions was established in 1702 near the mouth of the River des Peres, south of present-day downtown St. Louis.<sup>8</sup> Under the Treaty of Paris in 1763, French Louisiana west of the Mississippi River was transferred to Spain, while the eastern side was ceded to Great Britain.

In 1771, Clement DeLore de Treget, a French soldier, was granted by the Spanish governor a tract of land that includes the present-day VAMC-JB site, and which was just north of the 1702 Catholic mission settlement. DeLore's settlement, eventually named Carondelet, included a village located north of River des Peres, and fields owned in common west of the village and south of River des Peres.<sup>9</sup> The large common fields bisected by the river, including the area that later became the Jefferson Barracks military reservation, were used for pasture for livestock.<sup>10</sup>

In 1803, the United States negotiated the purchase of French Louisiana, and soon sought to establish American control of the region, and especially the Mississippi River. Jefferson Barracks served as the first permanent military installation west of the Mississippi. The first attempts at building a post by the U.S. Army in the St. Louis vicinity had occurred earlier in the nineteenth century at Fort Bellefontaine, a location that faltered early on. It was abandoned approximately two decades after its founding in the era of the 1803 Louisiana Purchase as a result of a low elevation on the Mississippi River. The permanent post location in the St. Louis vicinity was established at the Jefferson Barracks high ground. In 1826, 1,702 acres of common ground in the village of Carondelet (then about ten miles south of St. Louis) was deeded from private owners to the U.S. Government to establish a military post that was named Jefferson Barracks. In the very next year, in the history of the Jefferson Barracks proper, cemetery operations began. The first official burial in land now known as the Jefferson Barracks National Cemetery occurred in 1827, with a civilian female and a daughter of a serving officer. During the Civil War, in 1862, the U.S. Congress designated the Jefferson Barracks burial ground as a national cemetery, one of 14 created nationally via this legislation.<sup>11</sup> The Jefferson Barracks cemetery is currently administered by the VA under the National Cemetery Administration.

Through its over 150 years, Jefferson Barracks proper with its military post, national cemetery and veterans facility, has provided military security, health care, economic development, and political stability to the region. Because of its strategic location, the Jefferson Barracks military post in particular played a role in almost every aspect of American military history from 1826 through the middle of the twentieth century. The first expeditions staged from this location concerned internal United States actions – as the post protected the advance of westward expansion and settlement and served a range of functions for settlers, trappers, and travelers. It

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<sup>8</sup> B. Canote, "History of Carondelet," <http://www.carondeletcity.tripod.com/history.html> (accessed June 22, 2010).

<sup>9</sup> Sr. Teresa Maria Eagen, CSJ, "History of Carondelet," Carondelet Community Betterment Foundation, Inc., <http://www.ccbf-inc.org/history.html> (accessed June 22, 2010).

<sup>10</sup> City of St. Louis, "A History of Carondelet," <http://stlouis.missouri.org/carondelet/history/locale6.html> (accessed March 21, 2011).

<sup>11</sup> Missouri Civil War Museum, "History," [http://www.mcwm.org/jefferson\\_barracks.html](http://www.mcwm.org/jefferson_barracks.html) (accessed March 21, 2011); U.S. Department of Veterans Affairs, "General History – Burial and Memorial Benefits," <http://www.cem.va.gov/CEM/hist/history.asp> (accessed July 20, 2011).

served as a training center for soldiers (both regular army and volunteers<sup>12</sup>) involved in Indian wars, for example, and its men protected citizens seeking safe passage on the Santa Fe Trail. By the 1830s, Jefferson Barracks had developed particular military operations and techniques helpful in managing travel to geographically diverse spots over a vast area of terrain in the American West, such as the precursor to the U.S. Cavalry, the original Dragoons. A roll call of great generals passed through and served part of their careers at the Jefferson Barracks military site. From Ulysses S. Grant to Robert E. Lee to William T. Sherman in the Civil War years, and even through the twentieth century to Dwight D. Eisenhower, the Jefferson Barracks army reservation served as a proving ground for American military, and frequently, political leadership. Troops from the Indian Wars, the Mexican War, the Second Seminole War, the Civil War, Spanish American War, and both World Wars I and II were trained, stationed, and treated at Jefferson Barracks.<sup>13</sup>

For the purpose of this study, the history of medical treatment offered in the wider geographic area of Jefferson Barracks proper is perhaps even more unifying. First, built in 1862 during the Civil War, the Jefferson Barracks U.S. Army Hospital held status as the nation's largest military hospital (overtaken in World War I by Baltimore's new Fort McHenry U.S. Army General Hospital).<sup>14</sup> With this historic background, and tradition of large-scale medical treatment, it is understandable that the political and business leadership of St. Louis supported the goal of building a Public Health Service hospital for veterans locally, especially in light of the major needs of ex-servicemen following World War I; see in Statewide and National Contexts, "IV.B.1.b. Second Generation Veterans Hospitals and the Overlap of Governmental and Social Context Following World War I," for additional discussion of local, state, national social conditions and government response. The Jefferson Barrack's Commandant, Col. John H. Parker, approved of a "suggested" plan (the *St. Louis Post-Dispatch* does not elaborate on the origin of the plan) "that a tract of 180 acres in the Barracks reservation, to the southeast of the military post, be used for the hospital post," which was seconded by Col. Charles M. Pearsall, the assistant Inspector-General of the National Home for Volunteer Disabled Soldiers, "who has been here to inspect proposed sites for the hospital."<sup>15</sup> This plan would create a hospital on acreage along the river at the post's southern boundary.<sup>16</sup> Pearsall appreciated the rural area, indicating "Patients need out-of-door life . . . These are big factors in helping them to forget their troubles and win their way back to health."<sup>17</sup> The government had already taken over some local hospitals to deal with the overwhelming needs of veterans, but constructing new facilities at an already well-known prominent and dedicated federal government installation, some politicians argued, would be an improvement over the outdated and overcrowded downtown facilities.

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<sup>12</sup> Marc E. Kollbaum, *Gateway to the West: The History of Jefferson Barracks from 1826-1894*, Volume 1 (St. Louis: Friends of Jefferson Barracks, 2002), 74.

<sup>13</sup> St. Louis County Parks and Recreation, Jefferson Barracks Park, "Jefferson Barracks," <http://www.stlouisco.com/parks/jb-museum.html> (accessed January 10, 2011).

<sup>14</sup> National Park Service, "Fort McHenry National Monument and Historic Shrine," <http://www.nps.gov/fomc/historyculture/world-war-i-hospital.html> (accessed April 11, 2011).

<sup>15</sup> *St. Louis Post-Dispatch*, "C. of C. Will Donate Tract for Hospital: Forty-Five Acres to be Added to Site if Government Selects Barrack's Location," June 24, 1921, *St. Louis Post-Dispatch* (1879-1922), ProQuest Historical Newspapers

<sup>16</sup> *Ibid.*

<sup>17</sup> United States Department of Veterans Affairs, "Historical Sketch of Jefferson Barracks VA Hospital." Undated, 2-page typescript document. Photocopy on file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.

Congressional Representative Harry B. Hawes, as a November 1921 newspaper heading declared, would “Urge Barracks Site” in the federal push for a new hospital in St. Louis, threatening to take the cause to the U.S. Senate Appropriations Committee if he did not find sympathetic support in the House: “During the first 10 days of my service in the House, I called attention to the Hospital Committee of the Jefferson Barracks site. This was done after I had consulted the commanding officer at the Barracks, who assured me of ample room at the reservation and that it would not interfere in any way with the military operations. . .” Hawes continued, describing for the newspaper his presentation to the Congressional Hospital Committee, stating “I was the first to speak, and outlined the advantages of such a location. I was followed by Senator Spencer and Representatives Dyer and Newton, as well as specialists from St. Louis, all agreeing that this was the proper site.”<sup>18</sup> A November 1921 *St. Louis Post-Dispatch* article likewise quoted Representative Hawes’ letter to Veterans Bureau chief Col. C.R. Forbes, concerning a downtown hospital on St. Louis’s Arsenal Street that had been converted for veterans use in an unsuccessful, overcrowded manner, stating “The bed capacity of hospital No. 35 is 600. It was never originally intended for a Government hospital, was loaned to the Government by the city to assist in the care of disabled men during the War, and does not satisfactorily meet the needs of the Government in the care of patients.”<sup>19</sup>

On March 3, 1921, a preliminary authorization of \$1,000,000 was earmarked for what would become the Jefferson Barracks facility under the First Langley Act, as part of the larger \$18,600,000 Congressional appropriation for construction of Public Health Service veterans hospitals nationwide.<sup>20</sup> On July 2, 1921, the Treasury Department formally selected the “southwest site of Jefferson Barracks St. Louis, for the United States Public Health Service Hospital for the mid-west zone.” On August 9, 1921, the Veterans Bureau was established, which combined the veterans-related duties of several executive departments, agencies, and bureaus, including those that had been part of the Public Health Service, into one entity.<sup>21</sup> President Warren G. Harding signed Executive Order 3608 on January 9, 1922, which officially transferred the 170 acres of the southernmost area of Jefferson Barracks from the War Department to the Veterans Bureau. On April 29, 1922, Harding signed Executive Order 3669, which, among other things, officially transferred control of the proposed Public Health Service veterans hospital to the Veterans Bureau. On July 5, 1922, the contract to build the hospital on the current VAMC-JB property was awarded.<sup>22</sup>

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<sup>18</sup> *St. Louis Post-Dispatch*, “Veterans’ Bureau Admits Need of Hospital Here,” November 17, 1921, *St. Louis Post-Dispatch* (1879-1922), ProQuest Historical Newspapers

<sup>19</sup> *St. Louis Post-Dispatch*, “Facts in Hospital Situation Here Are Made Known,” November 14, 1921, *St. Louis Post-Dispatch* (1879-1922), ProQuest Historical Newspapers.

<sup>20</sup> *New York Times*, “War Laws Repeal Signed: Wilson Also Approves Four Big Appropriation Bills,” March 4, 1921, and *New York Times*, “House Passes Bill for 5 War Hospitals: Appropriates \$12,500,000 for Disabled – Senate Follows with \$18,600,000,” Feb. 8, 1921.

<sup>21</sup> *St. Louis Post-Dispatch*, “Secretary Mellon Approves Barracks Site for Hospital,” July 2, 1921; U.S. Department of Veterans Affairs, *VA History in Brief* (Washington, DC: U.S. Department of Veterans Affairs, 2006). [http://www.va.gov/opa/publications/archives/docs/history\\_in\\_brief.pdf](http://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf) (accessed 3/9/12); Haven Emerson, “Taking Stock of Veterans Service,” *The Outlook*, vol. 130, no. 14, April 5, 1922, 543.

<sup>22</sup> Committee on Interstate and Foreign Commerce, *Consolidation of Government Agencies for the Benefit of Disabled Ex-Service Men*. 67<sup>th</sup> Cong., 1<sup>st</sup> Sess., 1921, April 30, May 2 and 4, 1921; *Address of the President of the United States Delivered at a Joint Session of the Two Houses of Congress*, April 12, 1921. 67<sup>th</sup> Cong., 1<sup>st</sup> Sess., 1921. H. Doc. 1; Committee on Appropriations, *Urgent Deficiency Appropriation Bill*, 1922. 67<sup>th</sup> Cong., 1<sup>st</sup> Sess., August 20, 1921; Warren G. Harding, “Executive Order No. 3608,” January 9, 1922, Unpublished Manuscript;

Available documentation of the military's land uses of the site prior to the construction of the VA hospital is limited to a March 20, 1922 pre-construction site survey report, provided by a draftsman in the Treasury Department's Office of Supervising Architect, which stated that

The eastern section of the site located along the Mississippi River, consists principally of sinkholes ranging in depth from 20' to 50'. They are so numerous that a site for the proposed hospital is practically fixed, being located within contour line 530 or where the hog barn is now located... The only buildings on the site are the hog barn and another small building some distance to the north of it. Both buildings are constructed of wood... The road... is an old road in place – not of much use at the present time... The road at the south of the hospital site connects to Koch Road, and is in fair condition... Roads in Army Reservation are of tarvia [a brand of asphalt paving]... All temporary buildings on Army Reservation which were not needed have been torn down.<sup>23</sup>

The location of the road referenced in this report is limited to a hand drawing that accompanied the report.

### Present-Day Jefferson Barracks Proper

The present-day facilities derived from the Jefferson Barracks military installation are the VA Medical Center-Jefferson Barracks, the Jefferson Barracks National Cemetery, a Missouri National Guard installation, and land managed by St. Louis County Parks. Two National Register designations currently apply. The Jefferson Barracks Historic District was listed in 1972, containing primarily the active Missouri Air National Guard component of the base and the Jefferson Barracks Park of the St. Louis County Parks system. The Jefferson Barracks National Cemetery was listed in 1998. The remaining large parcel of Jefferson Barracks proper is the VAMC-JB, an area which both the VA and the Missouri SHPO have preliminarily concurred (as of 2009) to be eligible for placement in the NRHP.<sup>24</sup>

## III. Definition of the Context

### III.A Theme

This context is based upon the significance of the VAMC-JB under *Criterion A: Health/Medicine*. It is evaluated in Sections VI and VII of this document as both a U.S. Second

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Warren G. Harding, "Executive Order No. 3669," April 29, 1922. Unpublished Manuscript; *St. Louis Post-Dispatch*, "Barracks Hospital Contract Awarded: Group of Seven Buildings for Veterans to be Completed Within Eight Months," July 5, 1922, *St. Louis Post-Dispatch* (1879-1922), ProQuest Historical Newspapers.

<sup>23</sup> W.G. Noll to the Office of the Supervising Architect (Treasury), March 20, 1922, "Proposed U.S. Veterans Hospital, Jefferson Barracks, St. Louis, Mo," with hand-drawn sketch map. Archival Material, National Archives & Records Administration, Washington, D.C., cited in HABS.

<sup>24</sup> Susan Beattie, Nancy McIlvaney, and Jay Rounds, *National Register of Historic Places Registration Form for Jefferson Barracks Historic District (Amendment)*, September 2010, [http://www.cr.nps.gov/nr/feature/weekly\\_features/10\\_10\\_15\\_Jefferson\\_Barracks\\_HD.htm](http://www.cr.nps.gov/nr/feature/weekly_features/10_10_15_Jefferson_Barracks_HD.htm); Therese T. Sammartino, *National Register of Historic Places Nomination Form for the Jefferson Barracks National Cemetery*, 1998. On file at the Missouri State Historic Preservation Office, Jefferson City.

Generation Veterans Hospital and a U.S. Third Generation Veterans Hospital, as defined by the respective MPDFs of the same names.

VAMC-JB's initial building chronology places it as a Period I (designed before the mid-1920s) U.S. Second Generation Veterans Hospital.<sup>25</sup> The VAMC-JB holds the requisite attributes of the associated property type, which according to the MPDF are generally as follows: "The traits common to many of the Second Generation Veterans Hospitals include the four hospital designations (neuropsychiatric, tuberculosis, general medical and surgical, and home/general medical hospital) [with VAMC-JB falling into general medical and surgical category]; use of Colonial Revival architectural styles; buildings serving similar functions at each facility; groupings of buildings by function; and landscape characteristics, including a campus setting."<sup>26</sup> VAMC-JB also functions within the larger geographical area of Jefferson Barracks proper, particularly having had a long-standing interconnection with the Jefferson Barracks military post, which has already been accorded its own placement in the National Register as part of the Jefferson Barracks Historic District, a placement shared by the adjoining Jefferson Barracks National Cemetery. As summarized in the MPDF, "Constructed between 1919 and 1950, these medical facilities reveal a profound shift from the medical care offered to veterans at the federal level prior to World War I."<sup>27</sup> Their First Generation predecessors, such as the National Home for Disabled Volunteer Soldiers built after the Civil War, focused on long term domiciliary and hospital facilities, and existed alongside a previously established pension system. (See Section IV.B.1 Veterans Hospitals and Veterans Administration Historical Development.) World War I and the Progressive Era urge for rational government and reform prompted an increased sentiment in the federal government to rehabilitate former soldiers for return to work and the economy; it focused less attention on funding pensions than in funding hospitals to get men "back on their feet" as the recent study, *War's Waste: Rehabilitation in World War I America* by Beth Linker, has shown. Monetary realities of providing assistance to the nation's war veterans concerned the federal government in the early 1920s. As Linker states, "in 1920 the US Treasury reported that it was spending approximately the same amount on World War I veterans as it was on Civil War pensioners."<sup>28</sup> The rise of Second Generation Veterans Hospitals occurred within the context of government wishing to continue support of aging Civil War veterans, while creating a better and updated program for the more recently returned, and younger, World War I veterans: "The key difference between the two programs was how the money was allocated, with funds for World War I veterans going toward the construction of an extensive system of medical infrastructure instead of into the veterans' own pockets."<sup>29</sup> The Second Generation Veterans Hospital's "mission," enacted on new, government-designed campuses "was the rapid rehabilitation, healing, and return of veterans to their productive civilian lives through modern medical facilities, therapies, medicines, and surgical techniques . . . The majority exhibit nationally popular Colonial Revival architectural styles. The physical expression conveyed by

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<sup>25</sup> Period I U.S. Second Generation Veterans Hospitals were initially constructed from 1919 to mid-1920s, while Period II U.S. Second Generation Veterans Hospitals had their initial buildings programs from the late 1920s to 1950, MPDF, 72.

<sup>26</sup> MPDF, 72.

<sup>27</sup> MPDF, 3.

<sup>28</sup> Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011), 166.

<sup>29</sup> Ibid, 166.

these facilities honored ailing and injured veterans through a recognizably ‘American’ or ‘Patriotic’ language of architecture.”<sup>30</sup>

The VAMC-JB’s conversion after World War II to a psychiatric hospital is consistent with the Third Generation of Veterans Hospitals, which were inspired during the immediate post-war Bradley era in the VA. Under the Multiple Property listing, the U.S. Third Generation Veterans Hospitals are defined as follows: “The Third Generation Veterans Hospitals are not a cohesive collection of identical buildings or architectural styles, yet the group, as a whole, represents the Federal response to the need for healthcare facilities for Veterans following World War II. . . In order to meet the new demand, VA developed a massive hospital infrastructure, cobbling together temporary armed forces facilities, existing facilities, and new modern hospitals especially designed and constructed for veterans care. These three types of resources make up the Third Generation Veterans Hospitals.”<sup>31</sup> Some, like VAMC-JB, represented a hybrid form, with additions of multiple new buildings (on the scale of an entirely new hospital campus) applied to an existing Second Generation campus. As indicated in the MPDF, the “proposed period of significance for the Third Generation Veterans Hospitals is 1946 to 1958.” As a result of the building campaigns that extended from post-World War II through the conclusion of the Korean War and beyond, “at the close of the Third Generation period, VA managed over 120,000 beds in 172 hospitals, an increase of about 78 percent from 1945. The majority of the Third Generation Veterans Hospitals remain under VA supervision and continue to provide healthcare to Veterans today.”<sup>32</sup> This VA era converged with the mid-1940s national health concern for psychiatric medicine and development of model psychiatric hospital plans: “General Bradley also reported that twenty-two outstanding specialists had joined a neuropsychiatric advisory committee to help solve problems in their field.”<sup>33</sup> These intertwined influences created a 1952-1957 portion of the campus that is distinct from the original 1922-1940 Second Generation Veterans Hospital campus. The Third Generation development saw the VA Neuropsychiatric Division model hospital schematics of Dr. Paul Haun and other authorities play an important role informing the work of Jamieson & Spearl, VAMC-JB’s St. Louis area architectural firm in the 1950-1952 period, as well as the firm of Maguolo and Quick, in the 1957 building phase conclusion of the Third Generation hospital period at VAMC-JB. Haun and report co-author Z.M. Lebensohn described the merger of architectural and medical talent, from the private and public sector, launched by the VA:

Sixty-nine general medical hospitals (each with its own neuropsychiatric unit) and 16 predominantly psychiatric hospitals have been authorized for construction throughout the country. . . This program offers an unparalleled and challenging opportunity to utilize new ideas in construction and design pooled from the best psychiatric and architectural talent in the United States. . . The responsibility for coordinating this gigantic task was assigned to the Army Corps of Engineers which called on the country’s leading hospital architects to submit original designs based on entirely new criteria. These criteria were drawn up by

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<sup>30</sup> MPDF, 3.

<sup>31</sup> MPDF Third Generation, 1, 43.

<sup>32</sup> MPDF Third Generation, 50-51.

<sup>33</sup> *New York Times*, “Veterans Will Get 183 New Hospitals: Gen. Bradley Reveals New Plan Calls for 151,500 Beds in 39 States,” Feb. 17, 1946.

the representatives of the Medical, Medical Administration, and Construction Services of the Veterans Administration working with a group of consulting architects.<sup>34</sup>

The period of historical significance for VAMC-JB was considered for the 1919-1950 period defining the Second Generation U.S. Veterans Hospital type and the 1946-1958 period defining the Third Generation U.S. Veterans Hospital type. However, as shown in Section VI Physical Characteristics and Integrity, only the resources constructed from 1922 to 1940 that shall remain extant following the mandated VAMC realignment/major construction project retain sufficient integrity for their associated property type to be considered eligible for the NRHP. The 1952-1957 campus development that is representative of the Third Generation Veterans Hospital type lacks sufficient historical integrity to be eligible for the NRHP, and will be further diminished as a result of planned construction activities. Thus, this study concludes that VAMC-JB lacks the physical and associative characteristics required to be considered eligible under the Third Generation multiple property listing, and is only eligible under the Second Generation type.

### III.B Geographical Parameters

Geographically, the VAMC-JB site (see Figure 2, Area Map) is located within a land grant area of Section 31, T44N, R6E, in St Louis County, Missouri as depicted on the Oakville/Webster Groves Quadrangle MO-ILL, USGS 7.5 Minute Series (topographic). It is situated on a bluff overlooking the Mississippi River. For cultural resources purposes, the campus lies within the Mississippi Watershed, Mississippi II Study Unit of the middle Mississippi drainage basin as defined by Weston and Weichman and in the Greater St. Louis drainage locality as defined by Chapman.<sup>35</sup> Physically, the project area is bounded to the north by the Jefferson Barracks National Cemetery, Jefferson Drive to the west, the floodplain of the Mississippi River to the east, and Sherman Road to the south.

The VAMC-JB is sited on land most known for its origins in the Jefferson Barracks military post. The site was the southernmost 170 acres of the Jefferson Barracks U.S. Army reservation, and was “carved off” the post, in the words of military historian Major (ret.) Art Schuermann of the Missouri Air National Guard and President of the Jefferson Barracks Community Council; the 1921 transfer of War Department property to the Public Health Service (and then the Veterans Bureau) created the U.S. Veterans Hospital Jefferson Barracks. Land transfers over time resulted in its current 120-acre area. It is immediately adjacent to the Jefferson Barracks National Cemetery that was also a part of the Jefferson Barracks proper.

#### III.B.1 Geographical Influence on Site Medical History

The military medical history in the VAMC-JB area preceded the Veterans Hospital’s development, having begun much earlier with the Jefferson Barracks U.S. Army Hospital. As Jefferson Barracks Historic Park Curator, Marc Kollbaum, suggests in his comprehensive 19th

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<sup>34</sup> Haun and Lebensohn, 555; *Architectural Record*, “Private Firms Predominate in V.A. Hospital Program,” *Architectural Record* 102, no. 4 (October 1947), 100-105.

<sup>35</sup> D.E. Weston and M.S. Weichman, *Master Plan for Archaeological Resource Protection in Missouri*, 1987. Missouri State Historic Preservation Office, Jefferson City, Missouri, b-i-2.; C.H. Chapman, *The Archaeology of Missouri I* (Columbia: University of Missouri Press, 1975), 4.



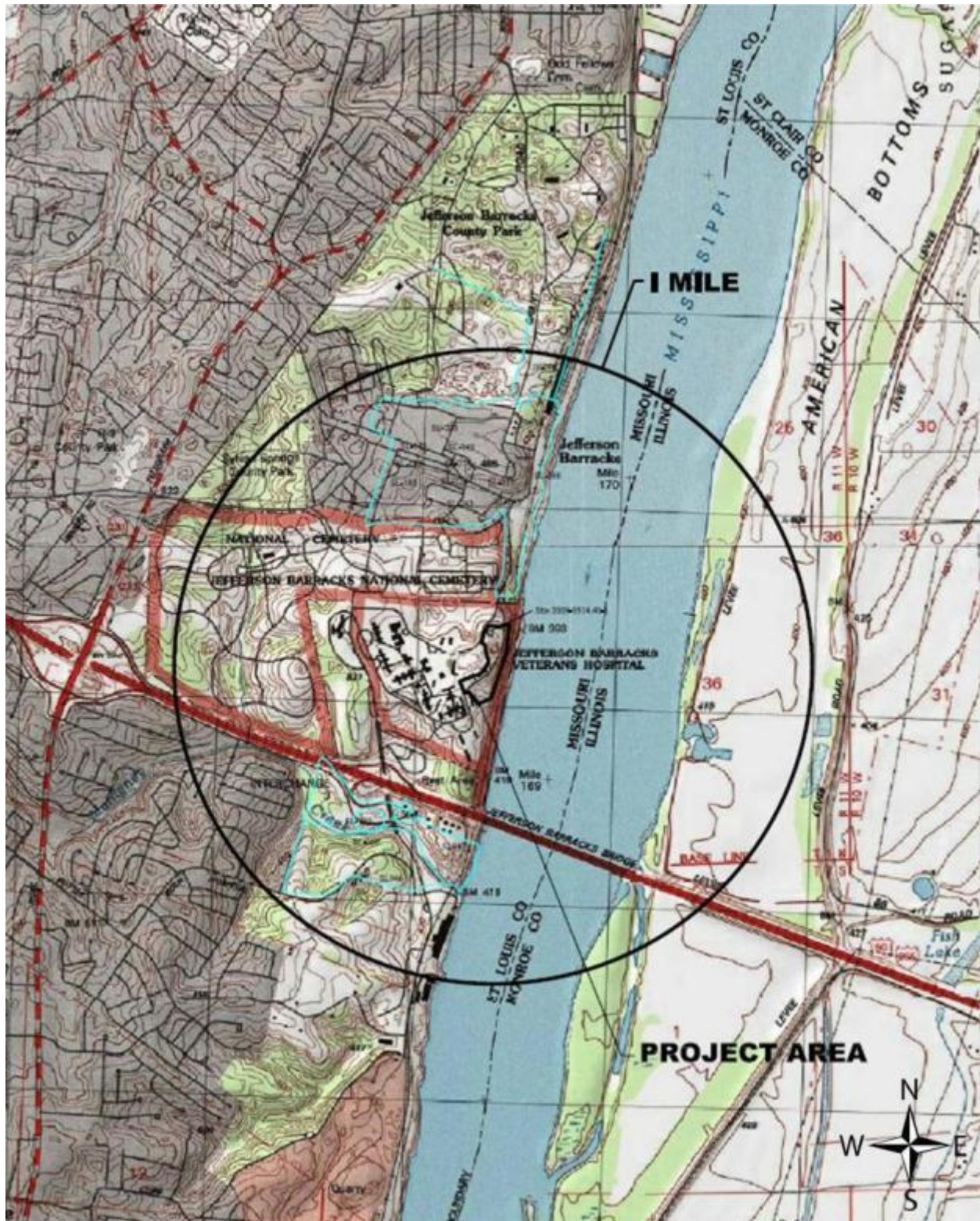


Figure 2. Area map.

century history, “Jefferson Barracks’ strategic location with both water and rail access, made it a prime post for handling the sick and wounded during the Civil War.” During the war, the post became a hospital base which was used by both sides.” An extensive *St. Louis Globe-Democrat* article from 1970 simply summarized it this way: “The years of the Civil War brought Jefferson Barracks into being as a hospital . . . a natural repository for the men carried off the battlefields of the South. More than 2,000 wounded were brought here after Grant’s victory at Fort Donelson” in 1862, which was a Tennessee riverfront site nearly 200 miles to the north from Jefferson Barracks. With such numbers, it is not surprising that during the Civil War the Jefferson Barracks Hospital was considered the “largest military hospital in the nation.”<sup>36</sup> According to the Missouri Civil War Museum located at the Jefferson Barracks post today, the medical mission of the post actually took precedence over its military mission as early as 1862. During the Civil War, the General Hospital for the Army Department was constructed, able to handle 2,500 patients, and is estimated to have admitted over 18,000 men between 1862 and 1865. Moreover, the Mississippi River itself, beneath the Jefferson Barracks military site, served as a hospital locale with steamboats and barges serving as mobile hospital facilities for troops during the Civil War. The steamers designated as floating hospitals included the *City of Louisiana*, the *D.A. January*, the *Empress*, the *Imperial*, and the *Red Rover*.<sup>37</sup> (See Figure 3, Modern barge on Mississippi River.) Poignantly described by the area’s Civil War museum, some men never left the geographical site once brought there as casualties; they did not survive, and instead rest in the National Cemetery component of the Jefferson Barracks proper.

Jefferson Barracks proper has been a locus of action, pride, memory, and service since the early nineteenth century and the expansion of the American West, and it is a site with a deep history of medical treatment for injuries sustained during the most dire moments in American military engagement, both domestic and foreign, especially during the Civil War and World War periods (see Section IV.A.2 Jefferson Barracks Army Base and Veterans Hospital: A Sharing of Place and Space). The medical treatment addressed physical wounds that could be treated through surgery or rehabilitative medicine – the army base’s path breaking field during World War II – and also the psychological wounds of war as a developing veteran’s hospital specialty starting less than ten years after World War I. Psychiatry first became an area of focus at VAMC-JB with the construction of the dedicated 1929 Neuropsychiatry Building (Building 25), the first patient/ward treatment building separate from the originally constructed Main Hospital Building (Building 1) that was dedicated to a particular medical function. Ultimately, psychiatry became the primary specialty of VAMC-JB after its 1950s conversion from a general medical and surgical facility.

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<sup>36</sup> C.K. Boeschenstein, “J-B’s Colorful Place In History is Assured,” *St. Louis Globe-Democrat*, November 23, 1958. St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.

<sup>37</sup> Missouri Civil War Museum, “History”; Schuermann, February 24, 2011; Kollbaum, *Gateway to the West*, 189-191; Connie Young (Visual Arts Supervisor, Medical Media, St. Louis VA Medical Center, Jefferson Barracks Division), email message to author, March 2, 2011.





**Figure 3. Modern barge on Mississippi River.**

### **III.B.2 Geography: The Idea of Place and Military Memory**

It is possible that for some of the World War I veteran patients at the new U.S. Veterans Hospital Jefferson Barracks, a return to the broad entity of Jefferson Barracks proper may have felt like something of a homecoming to a familiar geographical place and place name, since a stunning volume of men came through the Jefferson Barracks army base during World War I. The *St. Louis Globe-Democrat*, in a 1964 feature article on the history of Jefferson Barracks proper, with predominant focus on the military reservation, reported the numbers: “By Nov. 11, 1918, the Armistice, an estimated 200,000 men had been sent to duty by Jefferson Barracks. After the war the Barracks served as a demobilization center.”<sup>38</sup> The St. Louis Chamber of Commerce recommended the site for the new veterans hospital in 1921 in part because such “a large number of the men who rendered service in the great war came from St. Louis and its vicinity.” The Chamber of Commerce found the location appealing not only because of modern services like

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<sup>38</sup> *St. Louis-Globe Democrat*, “Jefferson Barracks Has Glorious Past,” February 29, 1964. St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis

“railroad and electric lines” already in place, but because of its beauty: “Other advantages are economy, a commanding view of the city and of the beautiful country on both sides of the Mississippi River in St. Louis and St. Clair counties.”<sup>39</sup> As building plans progressed, these viewpoints were shared by the Chamber of Commerce representatives and others, including the district manager of the U.S. Veterans Bureau, and expressed in correspondence and a report on “Proposed U.S Veterans Hospital Jefferson Barracks” written by Foreman Draftsman W.G. Noll for James A. Wetmore, Acting Supervising Architect of the Treasury Department.<sup>40</sup>

The long-recognized importance of the larger area – the illustrious history of westward expansion and Civil War contributions originating in the Jefferson Barracks U.S. Army reservation – served as a contextual backdrop to the federal government’s choice to build a veterans hospital there to serve former servicemen of the broad 9<sup>th</sup> Public Health District under the Public Health Service, encompassing Missouri, Kansas, Nebraska, and Iowa.<sup>41</sup> As described in contemporary newspaper articles, “A number of cities were contenders for the location. St. Louis was selected after an inspection board had visited the various cities and inspected the sites suggested and inquired into the advantages claimed.” The Chamber of Commerce recommended the overall Jefferson Barracks reservation site and “proposed to acquire and donate some 45 acres of private property on the south, or as much thereof would properly protect the hospital grounds,” the bulk of the acreage provided to be “180 acres of the southeast corner of the reservation.”<sup>42</sup> Not all residents wanted to see a portion of the Jefferson Barracks army post become a veterans hospital, according to the local press, although the rationale for the opposition was not explained: “The Chamber of Commerce of St. Louis had offered to buy an additional 45 acres which would have given the Jefferson Barracks site a total acreage of 225, in order to surmount the opposition.”<sup>43</sup>

Any historical study of Jefferson Barracks proper must acknowledge how the beauty of campus and prominence of buildings on the landscape represent the broader prominence of historical narratives that the facility brings to a focus. The non-stop march of history since before the Civil War – one war after another, one general after another, one mission after another – is captured perhaps most evocatively by the presence of the National Cemetery (currently the second busiest next to Arlington). The grandeur of place and the physical manifestation of military tradition empower the entire geographical area of Jefferson Barracks proper.

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<sup>39</sup> *St. Louis Post-Dispatch*, “Jefferson Barracks Sites Recommended: Chamber of Commerce Suggests Location of New Public Health Service Hospital on Reservation,” April 17, 1921, *St. Louis Post-Dispatch (1879-1922)*, ProQuest Historical Newspapers.

<sup>40</sup> W.G. Noll to the Office of the Supervising Architect (Treasury), March 20, 1922, “Proposed U.S. Veterans Hospital, Jefferson Barracks, St. Louis, Mo” with hand-drawn sketch map, Archival Material, National Archives & Records Administration, Washington, D.C., cited in HABS.

<sup>41</sup> *St. Louis Post-Dispatch*, “Army Hospital to be Built at the Barracks,” November 18, 1921. *St. Louis Post-Dispatch (1879-1922)*, ProQuest Historical Newspapers; *St. Louis Post-Dispatch*, “Immediate Action Urged for 4 State War Hospitals,” August 20, 1922, *St. Louis Post-Dispatch (1879-1922)*, ProQuest Historical Newspapers.

<sup>42</sup> *St. Louis Post-Dispatch*, “Army Hospital to be Built at the Barracks,” November 18, 1921.

<sup>43</sup> *St. Louis Post-Dispatch*, “Secretary Mellon Approves Barracks Site for Hospital: Public Health Service Institution Will Have 500 Beds and Cost \$2,500, 000.00,” July 2, 1921, *St. Louis Post-Dispatch (1879-1922)*, ProQuest Historical Newspapers.

### III.C Temporal Limits

The period of significance for the VAMC-JB as a U.S. Second Generation Veterans Hospital is identified by any buildings constructed within the Second Generation timeframe of 1919-1950. Within that Second Generation timeframe, nine buildings/structures that would contribute to a historic district were constructed at VAMC-JB, from 1922-1940. The initial year of construction at VAMC-JB within the Second Generation timeframe is 1922, and the concluding year is 1940. In 1950, a major campaign started the build-out, redesign, and hospital conversion of VAMC-JB from a general medical and surgical service provider to a neuropsychiatric facility. Plans were in place to convert to a different design philosophy and medical mission by 1947-1948, but execution did not begin until 1950. Although the final contributing resource built in the Second Generation period of significance was completed in 1940, the medical campus maintained the Colonial Revival architectural style with some Classical Revival design elements, such as those of the 1936 Recreation Building (Building 24), until the north campus buildings of the Third Generation period were completed in 1952 and later (see Table 1).

The period of significance for the VAMC-JB as a U.S. Third Generation Veterans Hospital is identified by any buildings constructed within the Third Generation timeframe of 1946-1958. Within that Third Generation chronology, 11 major buildings were constructed from 1951-1957, with 9 completed in 1952-1953, the first phase of construction, and the final 2 built in 1957. Associated up-to-date support and utility buildings were additionally completed in the period (see Table 1). Since the conclusion of the U.S. Third Generation Veterans Hospital period of significance in 1958, no new major buildings (only utility and service structures) have been completed in this portion of the campus, although construction is currently underway and nearly complete for a new rehabilitation building (Building 54) northwest of the original long-term care “Spinal Cord and Tuberculosis Neuropsychiatric Building” and immediately west of the “Neuropsychiatric Hospital Disturbed Building,” both long-term care buildings of 1952. While the VA was increasingly predisposed in the Third Generation period to mainstream psychiatric patients on floors of the new high-rise general medical and surgical hospitals, the Third Generation addition to the Second Generation campus was representative of a two-pronged VA approach to psychiatric care. The viewpoint of the head of the VA Neuropsychiatric Division in 1949, Dr. Harvey J. Tompkins, depicted the duality as one in which the general medical and surgical hospitals should deal with “short-term patients who show the possibility of responding to comparatively brief therapy” while the VA’s “specialized hospitals that are primarily for the care of neuropsychiatric patients,” such as the converted Third Generation VAMC-JB, had the role of “custodial care.”<sup>44</sup>

The upcoming demolition of selected obsolete 1920s-1940s buildings, as well as 1950s buildings, on the medical campus has been initiated and undertaken for needed Jefferson Barracks National Cemetery expansion and improvements to the medical center campus, as described in the July 2010 Memorandum of Agreement. The demolitions are part of a complex and phased VAMC-JB campus restructuring and building campaign at a functioning medical facility charged with best serving this nation’s veterans. The 2011 Historic American Buildings Survey provides detailed articulation of the individual buildings on the campus of all periods.

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<sup>44</sup> Howard A. Rusk, “Medicine, Psychiatry Linked in Treatment of Mentally Ill: Combination Now is Proving Successful, but Hospital Facilities Are Needed,” *New York Times*, January 30, 1949.

However, the strength of the true Second Generation Veterans Hospital component rests on the buildings described herein, with the later buildings in the northern portion of the campus visually subservient to the 1920s origins, in part due to their Modern period-based simplicity of design and aesthetic. Unto themselves, the integrity of Third Generation additions to the campus may be evaluated in light of the buildings' ability to convey the 1950s form and function marriage of an "International" architectural style with its goal of visually depicting, and physically providing, an up-to-date and progressive medical facility to serve the nation's veterans.

## IV. Development of the Theme or Area of Significance

### IV.A Local Contexts

#### IV.A.1 Social History and Local Demographics: Post-World War I and Veterans Care in St. Louis

##### *IV.A.1.a Local Demographics: The 1930 and 1940 U.S. Census*

##### *IV.A.1.a.1 Veterans Hospital's First Two Decades*

The constructed space, building functions, the campus setting, and how life was lived there are all important parts of the story of U.S. Veterans Hospitals in the post-World War I period. How and where the resident staff and patients functioned within the space and community are suggested not only by floor plans of the original 1922-23 campus buildings, but also by the 1930 and 1940 U.S. Census. The 1930 Census was completed just seven years after the hospital's March 1923 opening, and the 1940 Census was completed in the concluding year of VAMC-JB's construction as a Second Generation Veterans Hospital; both censuses specifically enumerated the U.S. Veterans Hospital Jefferson Barracks (also referenced in the documents as "U.S. Veterans Hospital #92"). Nationally, when the Census was taken in April 1930, the Great Depression had been ongoing for six months, and the first relief programs, in the form of limited public works projects, were not formulated until eight months later. The April 1940 Census came between President Franklin Delano Roosevelt's 1939 declaration of neutrality in World War II and his May 31, 1940 request for over \$1 billion dollars for military readiness for the same conflict.<sup>45</sup> These two U.S. Census enumerations create unparalleled moments of demographic and social history in the interwar period for the residential portion of the hospital community. It illustrates wartime service patterns of employees and patients, basic demographics on age, race/ethnicity, and gender, place of birth, and just sheer population numbers – far more detailed than previously examined documentation, such as building plans alone, might suggest. These are unique documents in the historical record for helping to better understand the veterans facility at Jefferson Barracks, especially in its opening two decades, the beginning of the Great Depression, and the earliest phases of World War II. The document provides information on resident patients as well as the occupations and job types of staff who lived in residential quarters at the hospital facility, and helped fuel the local economy. Demographics as a theme (resident patient and

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<sup>45</sup> Richard B. Morris, ed. *Encyclopedia of American History*. Sixth Edition, (NY: Harper & Row, 1982), 399 and 431.

resident staff characteristics), can be traced through the U.S. Second Generation period of significance for the campus with these documents, but not the Third Generation period since the 1950 Census and the 1960 Census will not be released until 2022 and 2032, respectively. However, the 1930 and 1940 Census enumerations provide snapshots for a large portion of the original 1922-1940 campus of VAMC-JB, which is a representative member of the U.S. Second Generation Veterans Hospitals that came into being during the post-World War I era.<sup>46</sup>

The U.S. Census taken for patients of “U.S. Veterans Hospital #92” in the “Unincorporated place of Jefferson Barracks,” in Carondelet Township, St. Louis County, in April 1930 shows a resident patient population of 205 individuals, at a time when the campus had two patient/ward treatment buildings – the original 1922-23 Main Hospital Building (Building 1) with its 300-bed capacity and the just-built (1929) Neuropsychiatric Building (Building 25) with its 109-bed capacity. No documentary evidence exists, and the buildings’ original construction floor plans provide no clues, as to which wards or private rooms might have had patients who would have had stays long enough for the census worker to enumerate them on the Veterans Hospital census. In addition, there is not information available defining under which circumstances a patient would be listed on the Veterans Hospital census, as opposed to being excluded from the institution’s count because they would list with a home and private household elsewhere. From the limited number of U.S. veterans enumerated in the 1940 Census, it appears that a much more restrictive standard was applied in defining a resident of the facility compared to the 1930 Census. As a general medical and surgical facility, by its nature, there would be fewer long-term patients, as opposed to either the neuropsychiatric or tuberculosis veterans hospitals, or nursing home facilities, and this characteristic is illustrated by a greater number of staff in residence than patients in 1940.

#### *IV.A.1.a.2 Wartime Service*

The patient population, as would be expected for a U.S. Veterans Hospital built in response to the return of veterans after World War I, is dominated in 1930 by patients who list “WW,” for World War, in answer to the “What War or Expedition?” question of the census worker regarding their veterans military status. Just over 87 percent, or 179 individuals, were enumerated as World War I veterans. Only 26 of the 205 patients listed some other war or expedition, and seven of those are listed with “Mex/WW,” which also may have been World War I era service (very likely part of the Woodrow Wilson 1914 Vera Cruz actions which brought U.S. troops into Mexico), just not part of the European theatre of operations. Another 18 of the resident patients are listed with some variation of Spanish-American War abbreviations for their “War or Expedition,” with 13 listed as “Sp,” 1 under “Sp/Mex,” 3 under “Sp/Phil,” and 1 under “Phil.” One 86-year-old Civil War veteran was listed, with the abbreviation “Civ.” Based on the census information, this married, Ohio-born patient would have been 21 years old when the Civil War ended in 1865. Employee war service patterns are similar, according to the census return. A total of 39 male employees, or almost 42 percent of the male employee population of

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<sup>46</sup> U.S. Department of Commerce, Bureau of the Census, *Fifteenth Census of the United States, 1930*, Enumeration District 95-22, Roll 1223, St. Louis County, Missouri, Carondelet Township, Jefferson Barracks, U.S. Veterans Hospital #92. Microfilm collection Missouri History Museum Library and Research Center, St. Louis; United States Department of Commerce, Bureau of the Census, *Sixteenth Census of the United States, 1940*, Enumeration District 95-200, St. Louis County, Missouri, Lemay Township, U.S.V. Adm. Hospital #92. <http://www.archives.gov/research/census/1940/> (accessed 4/3/2012).

94, listed themselves as veterans, with 33 of them (almost 85 percent) World War I veterans, like the patients they served. Five others had the “Mex/WW” designation and one had “Sp/Phil.” Military service among employees was widespread across all post-war job titles with their implied social and economic statuses, from Surgeon to Kitchen Helper.

The veterans status question, so helpful in placing the conflict in which the 1930 VAMC-JB patients and staff served, was dropped from the 1940 Census forms as a standard question. However, it is possible based on patient age to assume an even higher percentage were World War I veterans than in 1930. In 1940, 22 years had passed since the 1918 conclusion of World War I. Accordingly, the youngest patient in 1940, a 41-year-old Tennessee-born veteran who as of 1935 lived in El Paso, Texas, would have been 19 at war’s end. The oldest, at 68 in 1940, a Missourian living in St. Louis as of 1935, would have been 46 in 1918. He could have been part of World War I or possibly even the Spanish-American War or Philippine conflicts while in his twenties, wars in which nearly 20 men reported taking part in the 1930 Census. The rest of the veterans fell within the 42- to 56-year age range in 1940, making World War I the probable conflict of their service. Six randomly selected staff and dependents of staff were asked for their veterans status as part of official U.S. Census “Supplementary Questions” (a maximum of two individuals per enumeration sheet were questioned). Of the six, two replied affirmatively to a military or wartime service question. These employees included one woman, a widowed 46-year-old New York-born nurse, who reported having been living at VAMC-JB as of 1935; and a single 37-year-old male Mess Attendant and Missouri native. Specifics about service were not denoted.

#### *IV.A. 1.a.3 Race Patterns*

The U.S. Censuses of 1930 and 1940 reveal broad demographic patterns on race/ethnicity and gender for the U.S. Veterans Hospital Jefferson Barracks patients. Of the 205 patients, almost 79 percent (or 161) were white. Staff members living on the campus were all white, except for one Filipino. Patients listed as “Neg,” for “Negro,” totaled 43, or almost 21 percent of the patient population. A separate national study was completed on June 30, 1930, just two months after the April 30, 1930 completion of the Census taking at Jefferson Barracks. This national study identified a total of 2,086 African-Americans in U.S. Veterans Hospitals, with almost 27 percent at the hospital associated with the Tuskegee Normal and Industrial Institute, Tuskegee, Alabama; this would make Jefferson Barracks’ 43 resident African-American patients 2 percent of the national figure.<sup>47</sup> World War I service dominated in the African-American VAMC-JB population, as well, with 93 percent having served in the Great War. Nationally, it has been estimated that 400,000 African-Americans entered the military during World War I, with “200,000 of those men to Europe with the two-million-man American Expeditionary Forces.”<sup>48</sup> As was recognized (even by the Secretary of War’s office of the time), “Relative to their population, proportionately more Negroes were ‘drafted’ than was true of white men.”<sup>49</sup> In the 1940 Census, only one patient is listed as African-American.

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<sup>47</sup> MPDF, 25.

<sup>48</sup> Lentz-Smith, 4.

<sup>49</sup> Emmett Jay Scott, *Scott’s Official History of the American Negro in the World War* (N.p.: Homewood Press, 1919), 9.



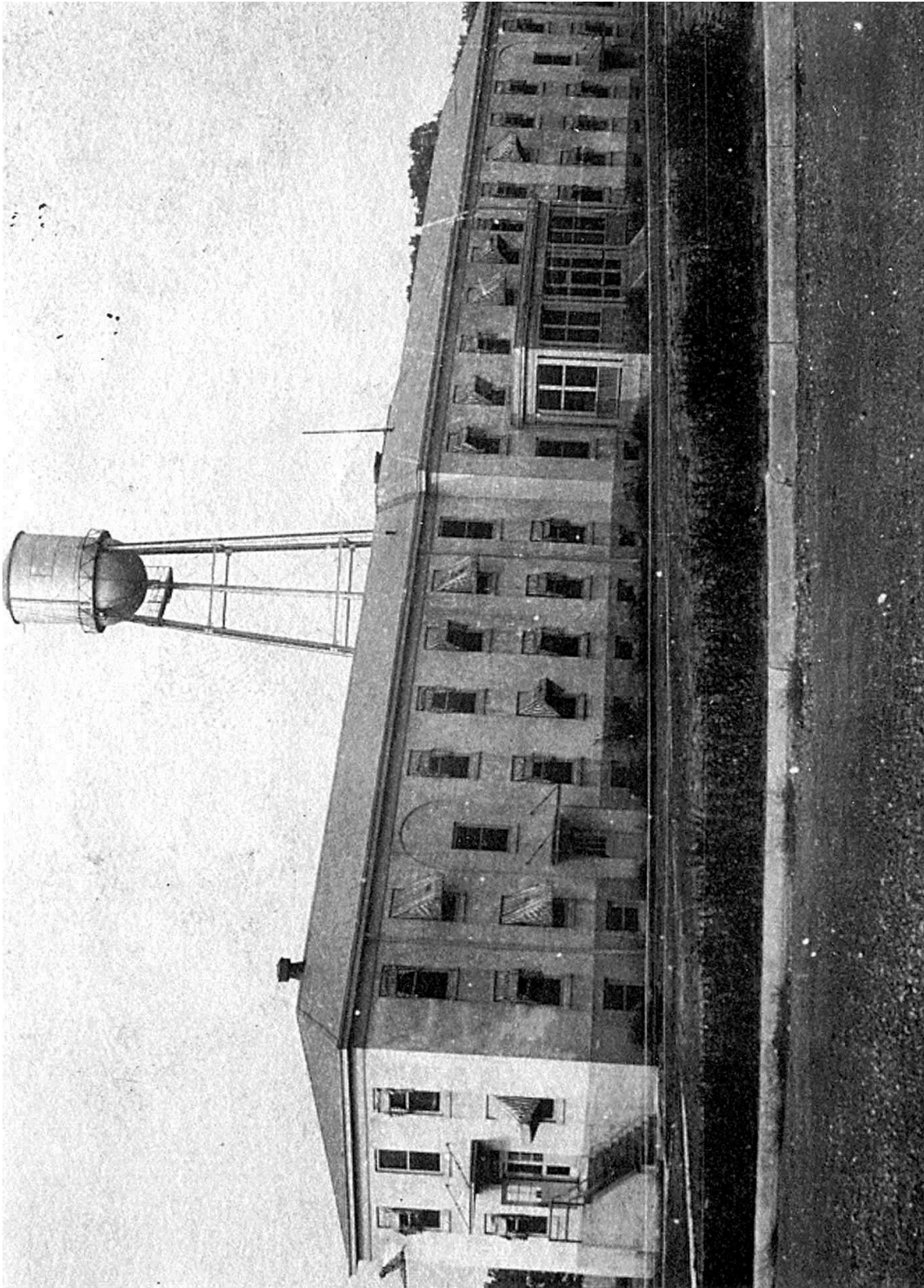
Other groups are far less represented in the patient population at VAMC-JB. One World War I veteran patient was identified as a Native-American, or “Ind” in 1930, and none were in 1940. It is believed that this status did refer to an American Indian, rather than an individual from the country of India, because the parental origins of the 1930 veteran were listed as “Mixed Blood,” a common usage for describing mixed Native-American tribal affiliations and/or other ethnicity and race.

Noteworthy demographic contextual history was lived out on the local level at U.S. Veterans Hospital Jefferson Barracks from approximately 1930 until World War II. This history has meaning within a regional and national context of race relations in the U.S., as did the full “colored wards” in the St. Louis city hospital treating veterans before the U.S. Veterans Hospital was built in 1922. The Historic American Buildings Survey concluded that the original 1922-1940 campus Attendants’ Quarters (Building 4) was converted into a racially segregated hospital. The conjectural building conversion within 10 years of the 1930 U.S. Census illustrates the changing use of buildings over time as it relates to how veterans care was delivered, and to whom. In 1930, the African-American patients were not separated from the other patients in the U.S. Census pages (they are dispersed throughout), and it can be surmised in parallel that they may have been treated in integrated wards. The alphabetical listings of patients start and stop, as if the Census taker went from floor to floor or ward to ward, starting and stopping each alphabetized roster of names with each new ward or treatment area he came upon. There is no separated list, or lists, of African-American (“Negro” in the census parlance) patients, which would be assumed if there actually was a truly separate “Negro” or “Colored” ward in 1930. In 1940, the sole African-American patient is listed with all other patients in Building 1. Therefore, the 1940 Census assists in more accurately dating conversion of Building 4 to a “Colored Hospital” since, as of the April 1940 Census, Building 4 consisted of all white employees, mainly male. No patients are listed for the building. It may accordingly be suggested that conversion likely occurred later in 1940. The information in the Historic American Buildings Survey suggests that the level of segregation was real and tangible, however, following the conversion of the Attendants’ Quarters to hospital space: “At some time after its completion [1922-23], the Attendants’ Quarters were converted from quarters to hospital space. Although the exact date of this conversion is not known, it appears likely that the change happened in association with the construction of new facilities that occurred at the VAMC-JB facility in the late 1930s . . . Once the employee living accommodations were moved out of the Attendants’ Quarters (Building 4)” and into former nurses’ quarters, “the VA was free to remodel this building for other uses. A floor plan of the former Attendants’ Quarters from 1940 shows the building as having been converted to hospital ward space.”<sup>50</sup> The study continues, explaining that the “1940 floor plan for Building 4 shows a seventy-eight bed hospital facility” and “a few pieces of evidence suggest that the building was converted at this time into a segregated hospital for African Americans. The 1940 plan includes a ‘Colored Visitor Room’ on the first floor, implying that black patients were accommodated in the building. In addition, the 1948 and 1950 development and master plan maps. . . refer to Building 4 as the ‘Colored Patients Building,’ indicating that the facility was already in use to segregate African-American patients, or its use for that purpose was part of the plans for the new psychiatric hospital that was being envisioned for the Jefferson Barracks VA facility.”<sup>51</sup> (See Figure 4, Attendants’ Quarters, Building 4.) If the

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<sup>50</sup> HABS No. MO-1943-D, 4-5.

<sup>51</sup> Ibid, 5.



**Figure 4. Attendants' Quarters, Building 4, 1930.**

*Photo courtesy of Marc Kollbaum, Jefferson Barracks Park of the St. Louis County Parks System.*

Attendants' Quarters (Building 4) had been converted to a segregated treatment facility in the latter portion of 1940, it couldn't have lasted long, since in 1948 President Truman barred segregation in the armed forces via executive order, with veterans hospitals believed to be fully compliant nationally by 1954, the milestone year of the *Brown v. Board of Education* decision.

#### *IV.A.1.a.4 Gender Patterns*

In 1930, five patients were white women. One of the female resident staff listed as "Orderly" had the more precise designation of "Orderly (female)," and was very likely the individual charged with providing care to the women patients. One Administrator of Veterans Affairs annual report, completed just two years after the U.S. Census at U.S. Veterans Hospital Jefferson Barracks (on June 30, 1932), reported that out of a total 43,841 veterans hospitals patients in the U.S., 338 were women, with 44 percent of them receiving general medical and surgical care, such as would have been offered at the Jefferson Barracks veterans site. In the 1940 Census, only one female patient is reported. As a private practice M.D., she also holds the distinction of being the veteran with the highest professional attainment. In her twenties at the time of World War I, this 43-year-old divorced doctor reported previously living in Pennsylvania in response to the "In what place did this person live on April 1, 1935" Census question. Bed allocation for women in general medical and surgical veterans hospitals was limited, and remained so even after World War II. Noted physician Howard A. Rusk's September 1950 "Report to the President from the Committee on Veterans' Medical Services" stated that, nationwide, "The veterans' patients are an all adult group, 98 percent male."<sup>52</sup>

#### *IV.A.1.a.5 States of Origin*

In the 1930 U.S. Census, the largest number of the veterans were born in the states of Missouri (61 individuals) and Illinois (31 individuals). Another 6 to 8 veterans were born in each of the states of Tennessee, Kentucky, or Indiana, and 5 or fewer were born in another 16 different states and 9 countries. The African-American veterans predominantly had southern states of birth. Where Missouri and Illinois topped the states of birth for the white patients at VAMC-JB, Mississippi led the states for African-American patients, with 10 having been born there. Another 4 to 6 were born in each of the states of Missouri, Kentucky, and Tennessee, with just 8 more states represented as places of birth; all but three of those were southern states. This is not surprising based on the general movement of population in the U.S. known as the "Great Migration" which occurred from World War I (1914-1918) to the Great Depression in the 1930s. During that large-scale demographic shift over one million African-Americans from the rural south moved to "northern" cities (such as St. Louis and Chicago, among others).<sup>53</sup> In the 1940 Census, 54 percent of the veterans (or 14) were born in Missouri, followed by three from Illinois, two from Tennessee, and one individual each from Arkansas, Iowa, Kansas, Pennsylvania, Ohio, West Virginia, and the country of Italy.

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<sup>52</sup> Howard A. Rusk, Arthur S. Abramson, and Robert L. Dennison, *Report to the President from the Committee on Veterans' Medical Services* (Washington, D.C.: U.S. Government Printing Office, 1950). Folder 398, Veteran's Administration Correspondence 1945-1961, Howard A. Rusk Papers, The State Historical Society of Missouri, Columbia.

<sup>53</sup> Lentz-Smith, 34.

#### ***IV.A.1.a.6 Educational Attainment***

An enhancement in the 1940 Census for VAMC-JB appeared in the descriptions of veterans educational levels. The 1930 Census required a yes/no response to a “whether able to read and write” question, to which all but 12 (five white and seven African-American men) answered in the affirmative. By 1940, the U.S. Census collected much more finely tuned information on individual Americans’ educational levels, including highest grade completed. Ranging from zero years to “C-4”, or four years or more of college, of the 26 patients, 23 percent had a college education, 15 percent high school, 35 percent completed just short of high school (in the 8th grade), and 27 percent had four years or fewer of schooling.

#### ***IV.A.1.a.7 Occupations and Industries***

Another enhancement in the Census that occurred in 1940 is the level of detail collected on the occupational and professional lives of the U.S. veterans being served at VAMC-JB. The Census taker in 1940 focused more time on the veterans’ occupational status. The fields for “occupation” and “industry” left blank in 1930 for patients were completed in 1940 (a task made more manageable based on the limited pool of residential patients included in the 1940 Census), providing a depth to the demographic assessment of the men and women using veterans hospital services. The occupational area of “Laborer,” broadly defined, encompassed the greatest number of the veterans, with 27 percent represented. The industry or field in which they were employed varied, including machine shops, oil fields, farms, tobacco factories, coal mines, and publications. Farmers were also listed separately, making up 19 percent of the veteran population. Automobile mechanics followed as the third most common occupational area, representing 13 percent. The remaining 40 percent of the enumerated VAMC-JB veterans population in 1940 was dispersed among a range of occupations and industries, including a private practice physician, an accountant in the public sector, an electrician and a carpenter in the construction industry, an agricultural wholesale traffic manager, a wholesale piano salesman, two foremen (one at a lumber company, the other in a foundry), a newspaper linotypist, and a sign painter.

#### ***IV.A.1.b Local Demographics and Hospital Space***

##### ***IV.A.1.b.1 Main Hospital Building***

The Main Hospital Building (Building 1), constructed in 1922-23 (see Cover and Figure 7), would have been the locus of activity for the 375 individuals (205 patients, 149 staff – 55 women and 94 men – and 21 family members of staff) who were residents at VAMC-JB enumerated on the 1930 U.S. Census and for the 143 individuals on the 1940 U.S. Census (26 patients, 101 staff – 57 women and 44 men – and 16 members of staff households). This was the dominant structure on the campus, an H-plan main hospital building with large return wings in the familiar Pavilion hospital style – an open hallway design allowing for increased light and fresh air – common in U.S. Second Generation Veterans Hospitals, and used in many different hospital types in the 19<sup>th</sup> and early 20<sup>th</sup> centuries, both in the U.S. and abroad. As one history of hospital design puts it: “The pavilion ward in its definitive form consisted of a long open hall for patients terminating in

a square connected block for services, often of a different width or height.”<sup>54</sup> At VAMC-JB, the massive stucco-clad and plain Colonial Revival structure was dominant, both visually and in range of functions and purpose, providing an array of services: all patient medical and surgical services and treatments, and dining, kitchen, bakery, recreation, and living spaces. In sum, it was the center of campus for activity, where most people worked and where the patients sought treatment. Only in 1929, with the construction of the new Neuropsychiatric Building (Building 25), were any functions for patients removed from the Main Hospital Building (Building 1). Therefore, with the exception of patients considered residents in the Neuropsychiatric Building in 1930, the lives of the men and women enumerated by the federal census worker as “patient” would have been carried out in the Main Hospital Building (Building 1), and if not bed-ridden, on the expansive river bluff campus with its park benches and paths.

Both the U.S. Census and the building plans prove helpful in understanding life on the campus within the residential spaces. For patients, there were two options for living quarters: the 300-bed capacity Main Hospital Building (Building 1) of 1922-23, or the 109-bed capacity 1929 Neuropsychiatric Building (Building 25). Floor plans for both indicate “ward” or “private room,” and sometimes the number of beds per ward, but not the type of medical or treatment condition of patients in the given space that could suggest a convalescence period. The Censuses of 1930 and 1940 provide no clues as to how the listings of patients were organized in the enumeration. The Main Hospital Building (Building 1), at construction, had wards varying in sizes to handle 4 to 16 patients, and some private rooms, with a 4-room psychiatric unit, but the floor plan indicated “treatment,” not “ward.”<sup>55</sup>

#### *IV.A.1.b.2 General Medical and Surgical Patients*

For a general medical and surgical hospital, there seems to have been quite a substantial number of patients listed as residents by the U.S. Census at VAMC-JB in 1930. One would think listing would not occur for someone in a short-term recovery, for example, who would be soon returning to their home. Unfortunately, the U.S. Census Bureau’s measure for deciding which patients should or should not be listed is not known. For the enumeration in 1930, it could be suggested that a substantial number of resident patients may have been gleaned from the newly built 109-bed Neuropsychiatric Building (Building 25), but that is speculation, not to mention that more veterans could have fallen on hard times, with limited resources for public aid available during the pre-New Deal phase of the Great Depression, and may have been allowed to recuperate in the hospital longer.

#### *IV.A.1.b.3 Psychiatric Patients*

The expansion of buildings in the initial 1922-23 campus first occurred with the 1929 Neuropsychiatric Building (Building 25), which was constructed in the same simple, Colonial Revival form of veterans hospitals of its type from the period. This first hospital ward/treatment space outside of the original Main Hospital Building (Building 1) meant more dedicated hospital space available as a whole – now spread across two buildings, not one. The separation of one

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<sup>54</sup> John D. Thompson and Grace Goldin, *The Hospital: A Social and Architectural History* (New Haven and London: Yale University Press, 1975), 130.

<sup>55</sup> HABS No. MO-1943-A, 6.

treatment type – psychiatric – to a next-door building opened up more room for treatment in the Main Hospital Building (Building 1), meaning greater numbers could be served. This expansion affected overall demographics at the site, as well.

The plan for the three floors of the Neuropsychiatry Building (Building 25) that housed patients doesn't specify which wards might be dedicated to patients who were actually spending enough time in residence to qualify as living at the facility. It provides only general information on the rooms contained, such as "6 bed ward" or "private room," with 2, 4, 6, and 9 bed wards being the configuration for multi-person rooms.<sup>56</sup>

This construction demonstrates the start of an expansion that coincided with a national wave – the Period II (late 1920s to 1950) phase of U.S. Second Generation Veterans Hospitals. While VAMC-JB is considered a Period I veterans hospital, it and other pre-existing facilities across the country experienced new development, or building additions and upgrades several years after their initial creation. In the neuropsychiatric construction, too, VAMC-JB seemed to set the stage for its own future transition to a neuropsychiatric facility via its residential quarters history. In fact, the VAMC-JB developed its own residential quarters history in a manner that might be considered more typical of a neuropsychiatric facility, a Second Generation facility type that VAMC-JB did not become until the Third Generation historical period. In the Second Generation period, neuropsychiatric facilities were likely to have been constructed in more remote locations, where providing staff housing would be expected in an era (the 1920s) when fewer than half of non-farming American families had automobiles in 1929, and when "cars counted for between 20 and 30 percent of daily traffic into central business districts even in large cities."<sup>57</sup>

The higher number of residential quarters at the VAMC-JB than might be expected of a general medical and surgical facility made it, from a staffing perspective, perhaps even more conducive to the change-over-time conversion to providing neuropsychiatric services than other facilities might have been. A typical Second Generation general medical and surgical veterans hospital had less residential space and less overall campus area, as a result of patient treatment practices in that hospital type. In terms of treatment of patients "General medical and surgical hospitals did not rely on outdoor occupational therapies, and patients' length of stay was relatively short in comparison to patients at sub-type 1 [Neuropsychiatric] or sub-type 2 [Tuberculosis] veterans hospitals."<sup>58</sup> This meant that the general medical and surgical hospitals "by not serving long-term patients that resided on campus, required fewer patient treatment buildings. Partially because of these factors, general medical and surgical hospitals could be placed on relatively small lots in urban areas or on the edges of towns and cities."<sup>59</sup> To summarize,, "because of the smaller campus and workforce required for general medical and surgical hospitals in comparison to sub-types 1 and 2 [Neuropsychiatric and Tuberculosis, respectively] fewer residential quarters buildings are located" at these hospitals.

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<sup>56</sup> HABS No. MO-1943-M, 4.

<sup>57</sup> Howard P. Chudacoff and Judy E. Smith, *The Evolution of American Urban Society*, 5<sup>th</sup> edition (Saddle River, NJ: Prentice Hall, 2000), 228, 219: "Originally an expensive curiosity for the wealthy, autos were mass produced in the 1910s, and automobile registrations tripled between 1920 and 1930. Studies have estimated that just under 50 percent of non-farm families owned cars in 1929.

<sup>58</sup> MPDF, 81.

<sup>59</sup> Ibid.

Moreover, as time progressed into the later stages of Second Generation Veterans Hospital history, from the 1930s until World War II, the “proliferation of the automobile may also have created less need for housing employees on campus,”<sup>60</sup> especially for the campuses that had fewer long-term patients. Nationally, according to the U.S. Department of Transportation, Federal Highway Administration, a 44 percent increase in motor vehicle registrations occurred from 1933 to 1941, from 23.9 million to 34.5 million registrations.<sup>61</sup> The early pattern established at VAMC-JB of having more residential quarters for staff than typical for a general medical and surgical hospital proved useful to a converted VAMC-JB in the 1950s and after. Between 1922-23 and 1940, with the completion of Nurses’ Quarters 2 (Building 18, which was begun in 1939, but not yet occupied at the time of the 1940 U.S. Census), VAMC-JB had built two large nurses quarters (Nurses’ Quarters 1, Building 3, the first), a large-scale Attendants Quarters (Building 4), two residential duplexes (Buildings 27 and 29), and a medical officer’s residence (Building 28). In its history, VAMC-JB maintained large-scale residential staff quarters until 1980 when it converted its Nurses Quarters 2 (Building 18) to administrative functions. Not until the “continued proliferation of personal automobiles and the development of south suburban St. Louis County in the 1960s and 1970s” occurred was there a diminished “need for on-site quarters for nurses and hospital attendants, and several of the quarters buildings at the Jefferson Barracks VA facility were converted to other uses.”<sup>62</sup>

#### *IV.A. 1.b.4 Staff in Residence*

Having residential staff in greater numbers is more characteristic of psychiatric facilities<sup>63</sup>, with patients in need of continuing, long-term, or immediate care not necessarily on the schedule of a general medical and surgical facility, where shorter term stays might be the norm. Like neuropsychiatric sub-type hospital facilities of the period, VAMC-JB provided residential quarters that could house “the hospital’s manager/director, officers, doctors, nurses and attendants,” and did so beginning in 1929 for more senior staff, and the nursing and attendants’ component of the population even earlier, at the time of the March 1923 opening of the hospital.<sup>64</sup> As was characteristic for the neuropsychiatric-type facilities of the Second Generation period, the “manager/director usually lived in a detached single-family residence, while the officers or doctors were provided duplexes.”<sup>65</sup> In neuropsychiatric facilities, these and attendants’ and nurses’ residential quarters were separated from buildings providing patient and administrative service. However, in a general medical and surgical hospital like VAMC-JB, the need for distancing did not seem to be felt as acutely, as the space between buildings was not great, although there was the provision of additional mature landscaping, due in part to the proximity to the Mississippi River and tree cover of the property.

Residential shifts in staff occurred with the campus’ 1929 expansion, on the precipice of the October 1929 stock market crash and beginning of the Great Depression. At initial campus

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<sup>60</sup> Ibid.

<sup>61</sup> U.S. Department of Transportation, Federal Highway Administration, “State Motor Vehicle Registrations, by Years, 1900-1995,” <http://www.fhwa.dot.gov/ohim/summary/95/mv2000.pdf> (accessed 7/21/2011)

<sup>62</sup> HABS No. MO-1943-J, 4.

<sup>63</sup> MPDF, 81.

<sup>64</sup> MPDF, 63.

<sup>65</sup> Edwin B. Morris, ed., 1944, “Design of the Neuropsychiatric Hospital,” *The Federal Architect* 13, no. 1 (October 1944): 39, referenced in MPDF, 63.

construction in 1922-23, staff was provided with two quarters – attendants’ and nurses’. A large Attendants’ Quarters (Building 4) was constructed for over 100 staff members, and Nurses’ Quarters 1 (Building 3) was constructed for over 30 nurses. More patients were served beginning in 1929, with construction of the 109-bed Neuropsychiatric Building (Building 25), which necessitated additional on-site staff. Three small upper level/professional staff residences were added in 1929. Two buildings were constructed and able to house a total of four families (Duplex Personnel Buildings 1 and 2, or Buildings 27 and 29, respectively), each a two-bedroom living space for a high ranking staff member. The third building, the Medical Officer In Charge Residence (Building 28), was a 3-bedroom, 2-bath house built to accommodate the institution’s senior officer and family, and possibly household help. While Building 2 is not identified in Historic American Building Survey as ever having provided residential space to employees, the 1940 Census shows one high ranking staff member (the facility’s accountant and finance officer), his wife, and teenage son residing in “2” – a location for which the Census taker further commented “Part of Administration Bldg.”<sup>66</sup> This usage of a portion of Building 2 as residential space is further corroborated by an undated VAMC-JB building history document, with selected building changes from 1954 to 1969 noted. In August 1957, some administrative functions moved to Buildings 50 and 1, and as of January 1959, two apartments were available in Building 2 as part of building renovations.<sup>67</sup> These buildings were part of local contextual history as it pertains to residential living patterns and a sense of community on the campus that went beyond a normal “work day” when patients and staff would have opportunities to interact.

In all, 149 employees, with an additional 21 family members, for a total of 170 individuals, composed the employee component of the campus population in 1930. Ninety-four male employees lived on the veterans hospital campus, 14 of whom held what would be considered professional level occupations, including the medical officer in charge, the clinical director, an orthopedic surgeon, a surgeon, a diagnostician, physicians, a neuropsychiatrist, and the business manager. In 1930, female employees living on campus numbered 55, with 30 of them nurses, and another 11 part of dual-career couples, with both individuals employed on the campus. These marital pairings of staff were eclectic in terms of occupation, but with male orderly and female kitchen helper appearing most frequently, and other combinations of waiter or waitress and another occupation, such as orderly, or other food service-related staff not uncommon. These were people who worked in positions providing direct care and service to patients, so their presence on campus as residents is not surprising. In 1940, no dual career couples are listed in the VAMC-JB Census; however, women employees outnumbered men in the hospital’s second decade, with 57 women to 44 men, for a total of 101 employees. These were joined by 16 family members/dependents. In 1940, 43 of the women employees were nurses, with a variety of professional areas represented for the balance of females on campus, from dieticians to attendants.

Overall, in 1930 and 1940, the range of occupations of staff living at VAMC-JB was great, from barber to seamstress, physician, dietician, telephone operator, chauffeur, reconstruction aide, and

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<sup>66</sup> HABS No. MO-1943-B, 5, indicates “The floor plans were updated during the 1940s and 1950s to reflect changing uses of interior spaces, so it is difficult to know the specific purposes of some of the original interior spaces.”

<sup>67</sup> U.S. Department of Veterans Affairs, “Notes for History Files.” Undated, 2-page typescript document with handwritten marginalia. Photocopy on file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.



therapy technician. Some demographic patterns are not surprising for the historic time period, particularly in regard to the nursing profession. Gender distribution within the nursing profession has been studied in detail, and specifically related to military entities, where during World War I Congressional action occurred to limit the profession of the Army Nurse Corps to women only. Shortages of nurses during the Spanish-American War led to service of both men and women, but the profession became increasingly female as time progressed. In July 1918, the Army Reorganization Act of 1918 “restricted appointments to women nurses.”<sup>68</sup> The Navy likewise restricted service to women. By 1930, nationally (and not restricted to the military component), 98 percent of nurses self-reported as female, 2 percent as male, while 73 percent of white women nurses self-reported themselves as single, another 12 percent as married with a spouse present.<sup>69</sup> In 1930 at VAMC-JB, all of the resident nurses were female, and most (but not all) of the nurses living on campus were single. Two were listed as married, with spouses not enumerated as part of the household there, and one as divorced. In 1940, none were listed as married, two were listed as divorced, and the balance as single. While nurses were a critical component of the VAMC-JB population in 1930, the greatest number of residential employees by occupation was orderlies, with 39 represented in the census, followed by the 30 nurses. All of these women were called Graduate Nurses, with the exception of the Chief Nurse, suggesting that none were nursing students. All held the Graduate Nurse occupational title, as well, regardless of age, from their twenties into their fifties, with the fifties age group represented entirely by three nurses who, along with three other nurses and most of the patients, were listed as “WW” (World War) veterans. In 1940, the largest occupational category was that of the nurses with various ranks represented from Trained Nurse to Head Nurse and Chief Nurse. The next largest occupational area was attendants. A total of 39 individuals were listed as some type of attendant; the generic “attendant” category was an all-male group of 23 individuals, while “mess attendants” constituted 16 individuals (5 women and 11 men). Kitchen/dining staff made up another large grouping in 1930, with 32 individuals, both men and women, listed as kitchen helpers, waiters and waitresses, and cooks, with one individual serving as baker and another as chef. The co-ed component of kitchen staff continued in the 1940 enumeration, but with fewer specialized positions denoted; for example, only one cook was noted as being resident.

All of the resident employees in 1930 and 1940 are listed with “W,” or white, for “Color or Race,” with the exception of one physician in 1930 listed with “Phil” for Filipino in the “Color or Race” category, since place of birth for the employee and his parents is listed as Philippine Islands. Ethnic and geographical diversity of origins for employees is represented, with place of birth for the employee and for his or her parents including states across the nation. Missouri and Illinois were heavily represented in both 1930 and 1940. Other nations of employee or family origin included Lithuania, Germany, Poland, Switzerland, Norway, Denmark, Canada, England, and Ireland in 1930, and Australia, Ireland, and Lithuania in 1940. Origins other than the United States are not surprising, since nationwide, during the period of 1901-1929, the “foreign-born

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<sup>68</sup> Carolyn M. Feller and Constance J. Moore, eds. *Highlights in the History of the Army Nurse Corps* (Washington, D.C.: U.S. Army Center of Military History, 1996); Chad E. O’Lynn and Russell E. Tranbarger, *Men in Nursing: History, Challenges, and Opportunities* (NY: Springer Publishing Company, 2007), 27.

<sup>69</sup> Patricia Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: Johns Hopkins University Press, 2010), Appendix, 187, 190.

population increased to the highest level in the history of the country, representing 14.7 percent of the American people in 1910.”<sup>70</sup>

#### *IV.A.1.b.5 Families on Campus during Great Depression*

The MPDF suggested a national pattern that “The unmarried nurses and attendants lived in separate dormitory buildings that were usually rectangular in shape and two or three stories in height.”<sup>71</sup> This pattern held at the VAMC-JB, with the exception that the 1930 Census provides evidence of limited married accommodations within those quarters as well. One of the most surprising items of demographic data, and one which speaks favorably to the existence of a neighborhood atmosphere on the campus, is the large number of married-couple families that were on the premises. The presence of only three family structures, Duplex Personnel Building 1 (Building 27), Duplex Personnel Building (Building 29), and Medical Officer in Charge Residence (Building 28), built to accommodate a total of five families proved misleading in terms of the actual number of families that resided on campus. The remaining residential buildings would be assumed to accommodate single staff only, based solely on examining floor plans. The original construction floor plans suggest that the two large residential quarters for attendants and nurses consisted of dormitory style rooms, and appear to have been designed on a single-sex basis, or single-sex wing or floor basis. The outward statistics and floor plans of the Attendants’ Quarters (Building 4) suggest single-style rooms and reports housing 125 people. The Nurses’ Quarters 1 (Building 3) statistics and floor plans suggest 38 inhabitants in dormitory style rooms, with larger 2-room quarters for the chief nurse and chief dietician. The plans do not suggest that the rooms could be lived in by more than one person, and imply a plethora of single men and women staff members on campus.

However, the U.S. Census data revealed a different story from the expected total of five families on the campus. The data revealed there were 10 professional-level families residing there, each having one family member (male) employed on campus, plus 11 staff-level families of dual-career couples who both worked at the hospital, for a total of 21 families. The U.S. Census demonstrates the static, unreliable nature of original floor plans in understanding demographics of a place in the absence of other data. None of the dual-career couples had children listed in their census enumeration, while nine of the professional-level families did. Two of these professional-level families included extended family. One multi-generational family on site included an aging father-in-law of the hospital employee, while another included the mother of a widowed male surgeon, very likely serving as child care provider to her 4-year-old twin granddaughters. Ten children lived at VAMC-JB in April 1930: 5 were 3-to-4-year-old girls, 2 were girls in the 7-to-9-year-old age bracket, and 3 were boys aged 1, 6, and 14. The five spaces on campuses that were allotted for families in 1929, suggested by the two duplexes and the chief medical officers dwelling, clearly don’t tell the whole story, since 10 families with children and another 11 married couples lived on campus. It is likely the large Attendants’ Quarters (Building 4) housed most of these additional families, with possibly some in the Nurses’ Quarters 1 (Building 3), based on space allotments available. However, no “family” or “couple” or “double” designations existed on any of the original construction 1922-23 floor plans, so actual space configuration is not known. What is known is that the vibrant, busy community included 21

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<sup>70</sup> Bayor, xiii.

<sup>71</sup> MPDF, 63.

families. There were additionally three pairs of male professionals, all six noted as physicians, who were denoted on the U.S. Census as three households. Each of these three households listed one of the pair as “Head.” Two pairs of roommates were all single, and the third pair consisted of a widower and a married physician. The possibility exists of an ad hoc social welfare function having been performed at the hospital in 1930 by allowing families with children and married couples to live in dormitory-style space created for singles, to sustain people during a period of economic hardship across the nation. This same interpretation could also be conjectured for the larger than expected (for a general medical and surgical facility) number of resident patients in 1930, as well.

In 1940, the U.S. Census identified family residential patterns that more closely resembled the intentions of the 1922-1923 building and floor plans. As designed, five families lived in Duplex Personnel Building 1 (Building 27), Duplex Personnel Building 2 (Building 29), and Medical Officer in Charge Residence (Building 28); and one facility officer’s family lived in the Administration Building (Building 2). This total of six families contrasts with the 21 families who lived on VAMC-JB in 1930. However, the 1940 Census suggests some use of space that extended beyond immediate families. The Historic American Buildings Survey documented the presence of a basement-level full-bath and possible bedroom in Building 28, the Medical Officer in Charge Residence, suggesting “possible servants quarters.” No household staff is enumerated in 1930 with the Medical Officer in Charge or Hospital Manager’s residence (Building 28), and the 1940 Census bears out this assumption. In 1940, the 50-year-old hospital manager, his 50-year-old wife, and 15-year-old son shared Building 28 with a 24-year-old housekeeper. However, the Historic American Buildings Survey did not account for the 1940 building usage of half of Duplex Personnel Building (Building 29), which included a 49-year-old Surgical Doctor, his 47-year-old wife, and two children (a daughter, 20, and a son, 25, employed as a chauffeur), along with a 53-year-old housekeeper. This unit also possessed a basement, so, while it was not finished with a bath as was Building 28’s basement, it is conceivable it was also put to use as a dwelling space for domestic help. While 10 children of staff lived on campus in 1930, in 1940 the number was down to 8, but with only five minors among them, and most of those were teenagers. A 6-year-old girl and 3-year-old boy lived in half of Duplex Personnel Building 2 (Building 29), with their 37-year-old Utility Officer father and 31-year-old mother. A 13-year-old boy lived in the Administration Building with his Accountant/Finance Officer father and his mother, as described above. A 15-year-old son and 14-year-old daughter lived with an M.D. and his wife in half of Duplex Personnel Building 1 (Building 27). A 15-year-old lived in the Medical Officer in Charge Residence (Building 28), as previously stated. The older children included the aforementioned 20 and 25 year olds living in Duplex Personnel Building 2 (Building 29).

#### **IV.A.2 Jefferson Barracks Army Base and Veterans Hospital: A Sharing of Place and Space**

In the two decades from the 1923 opening of VAMC-JB to the 1946 decommissioning of nearby Jefferson Barracks as an active army post, the history of these separate entities overlapped and sometimes intertwined. In the broadest possible conceptualization, they were always allied in an overarching mission supporting current and veteran U.S. service members. Geographically, of course, they shared the bluffs of the Mississippi River, on plots of land separated only by the

National Cemetery, which also was derived from the Jefferson Barracks military installation. In addition, a “sharing” of infrastructure can be implied in the form of local transportation networks, even extending to some coordination in use of the land areas of the component parts (veteran and army) during World War II (see further discussion below). Today, the VA administers the VAMC-JB through the Veterans Health Administration, and the adjoining National Cemetery through the National Cemetery Administration (NCA). A current agreement between these VA agencies is transferring administration of 33 acres to the NCA to give much needed expansion space to the National Cemetery as it nears capacity. This is a 21<sup>st</sup> century continuation of the conversations and actual land transactions that began in the 1920s, when approximately 170 acres were transferred from the army reservation for the construction of the first U.S. Veterans Hospital in the region and the state. During the post-World War I building period for the veterans’ institution, the army post settled into a broad training period, instituting the “Citizens Military Training Camps, which took in young men for a brief period of acquaintance with life in the army.”<sup>72</sup> As the active army post shrank and approached its 1946 closure, the veterans’ component of Jefferson Barracks proper came into ascendancy. The army post closed an even 120 years after the 1826 land purchase from the Village of Carondelet that heralded the start of governmental presence on the geographical site. Near the time of closure, the Rehabilitation Commission of the American Legion requested that the VA consider using the old hospital at the army post, a request that was ultimately ruled unfeasible due to seriously outdated fire protection and safety features.<sup>73</sup> At some level, the closing may have seemed an abrupt transition, based on the activity level during World War II. The magnitude of the movement of servicemen during that period was extraordinary, as remembered in later newspaper accounts that incidentally touched on a shared transportation network (for veterans and servicemen at Jefferson Barracks proper): “In 1940 the post was made an Air Corps replacement and training base, the first in the nation selected for that purpose, and with the impetus of Pearl Harbor thousands of young men began to pour in. Many a man who had a vision of taking wings found that his way led through the red-brick arches of the little Jefferson Barracks railroad depot on a blazing, clanging afternoon.”<sup>74</sup> Other sharing was suggested in later decades; one 1960 *St. Louis Globe-Democrat* newspaper article indicated a congressman hoped to orchestrate a complicated swap of two 22-acre parcels of land involving a private citizen’s land, as well as that of the cemetery, the army, and the Veterans Administration. It, of course, couldn’t be done without special legal measures, but that an attempt was even considered is suggestive of possible perception of Jefferson Barracks proper as a unified entity in terms of federal oversight and ownership.<sup>75</sup>

#### **IV.A.2.a Shared Transportation Infrastructure**

This sense of one place, one “Jefferson Barracks”, also had origins in site access. A road connected and ran through the properties (without a gate). A shared railroad depot brought

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<sup>72</sup> Hale, “Jefferson Barracks: An Army Post Rich in History.”

<sup>73</sup> *St. Louis Post-Dispatch*, “Legion asks VA to Take Hospital at Barracks,” June 26, 1946, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis; Harry D. Wohl, “VA Sveyors Find Fire Hazards at J.B. Hospital,” July 1, 1946, *St. Louis Star-Times*, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.

<sup>74</sup> Hale, “Jefferson Barracks: An Army Post Rich in History.”

<sup>75</sup> *St. Louis Globe-Democrat*, “Jefferson Barracks Land Swap Sought,” February 27, 1960, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.

soldiers-to-be by the thousands, veterans, and non-resident staff for both the military reserve and veterans hospital from towns and downtown St. Louis to the remote Jefferson Barracks site on the shores of the Mississippi River.<sup>76</sup> Hundreds, sometimes thousands of people, lived within walking distance of each other in that approximately 1,700-acre community called “Jefferson Barracks.” National studies suggest that still just under 50 percent of American families (not on farms) owned cars in 1929<sup>77</sup>, and while that number was ever on the rise during the twentieth century, the Jefferson Barracks parade grounds train station/depot surely filled a critical role in the area for both entities, even for the veterans hospital, despite the fact that the estimated 1 mile walk from the military reservation-sited train depot may have been difficult for some patients.<sup>78</sup> Although the VA provided residential quarters to a substantial portion of staff, there was also commuting staff as well as arriving patients without family or friends available to drive them. These individuals would have relied on the train transportation from Union Station and downtown St. Louis, an estimated one and a half hour train ride in the 1920s and 1930s, with one transfer to the station “located at the parade grounds” of the army reservation.<sup>79</sup> The loss of the train following the closure of the army base was mourned. One study had a wistful tone in the story of the closure of the red brick depot that had been “Built in the early 1900s”: “The Missouri-Pacific Railroad no longer stopped at the Barracks Railroad depot, which had seen the passage of thousands upon thousands of servicemen.”<sup>80</sup> The place today, though demolished, holds the imagination of St. Louis, as demonstrated by a St. Louis County Economic Council website. A reproduced local newspaper article of January 22, 2010, “Plans in Place to Transform Jefferson Barracks Complex Into A National Tourist Destination,” made a point of mentioning the possibility of resurrecting the train depot location with new museum space for historically interpreting the area (since the original depot “is long gone”).<sup>81</sup> The overlapping history of the two places, army and veteran, in the form of a shared and important transportation hub, is also part of the overall history of St. Louis; this small Jefferson Barracks train depot impacted people seeking employment, medical care, and launching military careers and service that could take them around the world.

#### **IV.A.2.b World War II Era**

The army post “Jefferson Barracks” and the Veterans Hospital “Jefferson Barracks” had an intersecting history during the one major war – World War II – when both the U.S. Veterans Hospital and the U.S. Army base co-existed as fully functional operations. The veterans hospital, of course, was not open until after World War I, since its creation resulted from the local/regional/national post-war need to help The Great War’s veterans. The Jefferson Barracks

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<sup>76</sup> Marc E. Kollbaum (Curator, Jefferson Barracks Military Park, St. Louis County Parks Department), Email messages to author March 24-25, 2011; Marc E. Kollbaum, Interview with author, February 24, 2011.

<sup>77</sup> Chudacoff, 228; U.S. Department of Transportation, Federal Highway Administration, “State Motor Vehicle Registrations, by Years, 1900-1995,” <http://www.fhwa.dot.gov/ohim/summary/95/mv2000.pdf> (accessed 7/21/2011)

<sup>78</sup> W. G. Noll (Foreman Draftsman) to the Office of the Supervising Architect (Treasury), March 20, 1922, Archival Material, National Archives & Records Administration; HABS No. MO-1943, 36.

<sup>79</sup> W. G. Noll (Foreman Draftsman) to the Office of the Supervising Architect (Treasury), March 20, 1922, Archival Material, National Archives & Records Administration; HABS No. MO-1943, 36.

<sup>80</sup> Tony Fusco, *The Story of Jefferson Barracks National Cemetery* (St. Louis: 1967), 25. On file St. Louis VA Medical Center, Jefferson Barracks Division, Library.

<sup>81</sup> St. Louis County Economic Council, “Plans in Place to Transform Jefferson Barracks Complex Into A National Tourist Destination,” <http://www.slcec.com/1-22-10-plans-in-place-to-transform-jefferson-html> (accessed March 26, 2011).

U.S. Army post was closed by the Korean War. During the Vietnam War, the National Guard presence was certainly critically important at the reservation but represented different volumes and nature of service members, compared to the mass mobilization of World War II troops.

Sharing of adjoining army and veterans space is supported by visual evidence for the World War II era. An undated 1940s era VA photograph (see Figure 5, Original Laundry (Building 6) and World War II Temporary Barracks) showed barracks buildings on veterans hospital land, suggesting that overflow soldiers from the army post were housed on veterans hospital land during World War II. A series of 63-man temporary barracks appear in the photograph behind the original Laundry Building (Building 6) and parking, on land that would later accommodate the large-scale 1950s build-out of the veterans hospital campus. Neuropsychiatric Hospital Infirm Building (Building 51) and Spinal-Cord Injury Unit and Tuberculosis Neuropsychiatric Building (Building 52), both constructed in 1952, now stand where the residential barracks appeared in the photograph (see Table 1 for full list of 1920s-1950s building resources).<sup>82</sup> This photographic evidence is coupled with corroborating evidence from the 1946 local newspaper accounts of land transfers (past and anticipated) between the War Department and the VA in that geographical area.

Deputy Administrator of Veterans' Affairs Bert C. Moore today was informed by the Veterans' Administration in Washington that the VA has asked the War Department to reserve a considerable portion of land and a number of buildings at the Barracks for use by the VA. This includes Area Seven, former Veterans Hospital property, now containing 25 barracks and other buildings. ... [The VA and the City of St. Louis agreed that the] VA's portion of the Barracks grounds and building will not interfere with the city's plans to construct 1425 housing units for veterans at the Barracks.<sup>83</sup>

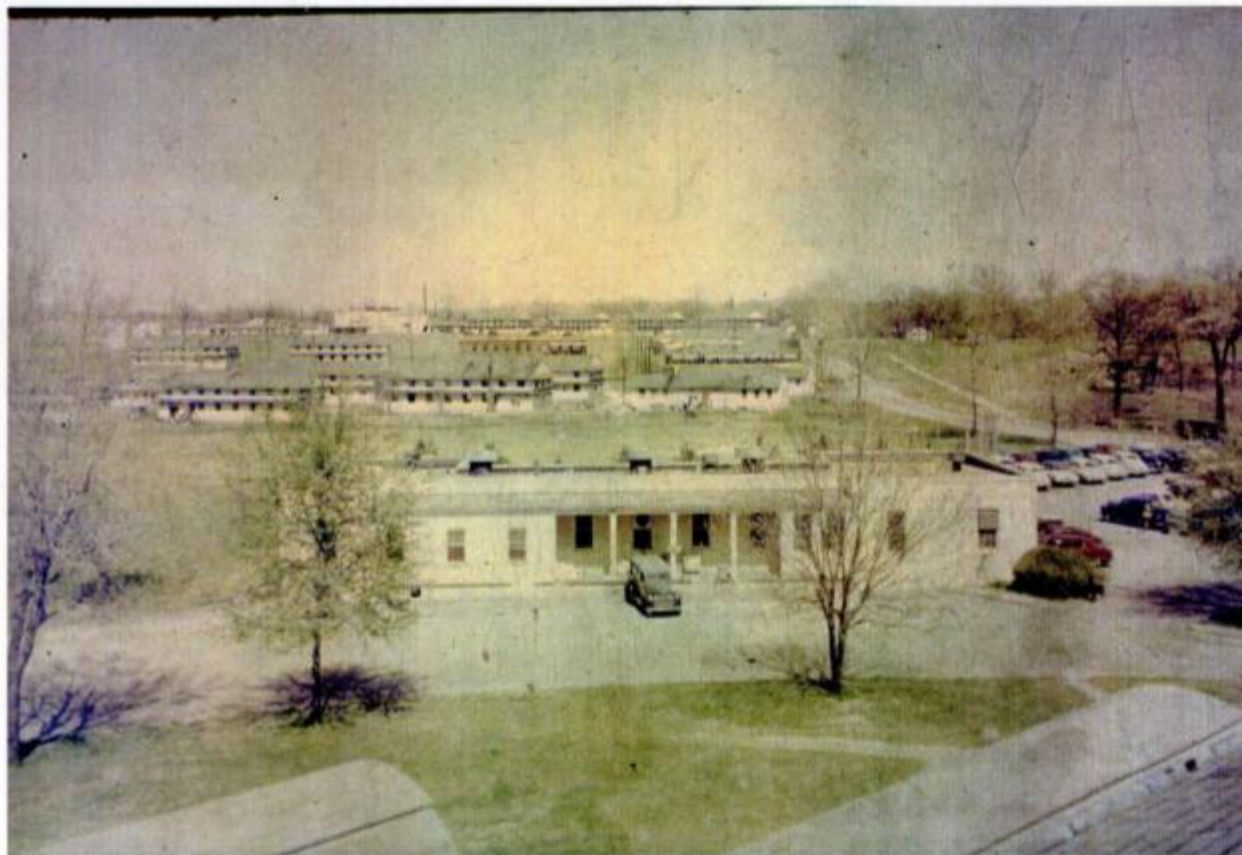
It is likely that the once and future VA land is the acreage referenced above as "Area Seven." The property descriptions seem to refer to an area behind the hospital laundry with its multiple barracks in view, as in the photograph. As further illustrated by calling this land "former Veterans' Hospital property," this information demonstrates a close interconnection and property sharing on the part of two of the main entities of Jefferson Barracks proper – the army post and the veterans hospital.

The account of soldiers residing on once and future veterans hospital campus land, and doing so in a non-patient capacity as active soldiers during World War II, is a permutation of demographic patterns of residence and interchange within Jefferson Barracks proper between the military post and the veterans hospital. While the 1930 U.S. Census gives valuable data on 375 residents of the veterans hospital campus, the nature of the campus community had changed by the 1940s.

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<sup>82</sup> img 032, untitled, Jefferson Barracks Historical Photos, Medical Media Department, St. Louis VA Medical Center, Jefferson Barracks Division; Marc E. Kollbaum (Curator, Jefferson Barracks Military Park, St. Louis County Parks Department), Email messages to author, March 24-25, 2011; Gary Drikow (General Engineer, Construction/Design, St. Louis VA Medical Center), Email message to author, March 25, 2011; Drikow, Email message to author, March 25, 2011, containing email from Anthony E. Wehlerrmann (Maintenance & Operations General Foreman, St. Louis VA Medical Center, Jefferson Barracks Division) to Gary Drikow, March 25, 2011.

<sup>83</sup> *St. Louis Post-Dispatch*, "Division of Barracks Land and Buildings: Veterans' Administration and City Work Out Agreement on Shares," June 29, 1946, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.



**Figure 5. Original Laundry (Building 6) and World War II Temporary Barracks.**

*Photo courtesy of VAMC-JB Medical Media.*

How it may have “felt” to a resident on the hospital campus would have shifted dramatically during World War II. Just out of view in the foreground of the Laundry Building (Building 6) photograph of active military barracks buildings, the VAMC-JB Attendants’ Quarters (Building 4) was the closest non-utility building to the barracks residences. While no longer a residence for staff after 1939, the Attendants’ Quarters (Building 4) is presumed to have been converted to a segregated hospital by 1940 (as described previously in Section IV.A.1.a.3). Therefore, it would have been resident patients who would have lived extremely close to soldiers in twenty-five, 63-man barracks buildings located on former (and future) veterans hospital land.

With the city having identified a need for veterans housing in the St. Louis area, the barracks buildings were quite naturally locations of interest on the former army post after its 1946 decommissioning. The availability of these barracks to meet this need was a frequent subject of discussion in the local newspapers during the late 1940s and 1950s, resulting, in the short term, in their “reconversion” to apartments.<sup>84</sup> Ultimately, in its 1950s major building campaign to accommodate post-World War II patients in highly modern psychiatric facilities, the VA built

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<sup>84</sup> *St. Louis Globe-Democrat*, “Barracks Housing Ready About July 21,” June 23, 1946, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.



where some of these World War II barracks had stood.<sup>85</sup> In sum, barracks buildings on U.S. Army/VA shared land, and the sharing of those barracks, sometimes lived in by soldiers, sometimes by veterans and their families, is part of the local context of the neighborhood and community of Jefferson Barracks proper.

### IV.A.3 Rehabilitation Medicine

A recently released study of rehabilitation and World War I, *War's Waste: Rehabilitation in World War I America* by Beth Linker, suggests that the creation of the U.S. Veterans Hospitals of the period spoke to the rehabilitation urge of the time, even if they were not labeled as such. It might be said that VAMC-JB operated within the same universe of concern for servicemen and veterans as did World War I originating facilities such as the now closed Walter Reed Army Medical Center. "Less than a year into World War I," Linker suggests "Walter Reed Hospital, in Washington, D.C. emerged as the leading U.S. medical facility for rehabilitation and prosthetic limb innovation, a reputation the facility still enjoys today."<sup>86</sup> Beyond going to VA facilities like VAMC-JB, veterans also sought out military and Army hospitals, in particular, according to studies originating from the Office of the Surgeon General, Office of Medical History: "In the 1920s, Congress expanded veterans' benefits, and veterans flocked to Army hospitals."<sup>87</sup> VAMC-JB attempted to promote its role in direct rehabilitation when possible. A related area of interest in the broad category of rehabilitation and treatment concerned physical property use and the pace of movement of patients through VAMC-JB.

In the general medical and surgical sub-type of the Second Generation Veterans Hospitals, a short-term stay with a quick treatment approach was the general objective in the post-World War II period. Such an emphasis is reflected in profile vignettes and photo spreads of veterans participating in therapeutic, rehabilitative treatment at the VAMC-JB that appeared in newspaper articles prior to its conversion to a neuropsychiatric facility. One undated newspaper spread, circa 1940s, features no less than nine photos of nurses and patients, or patients only, at work in the hospital occupational therapy program. This "pictorial story of why the program has proven so successful" presents veterans setting up a table that is under construction, completing carpentry and repair work on small items, while sitting at tables, in bed playing a guitar, seated at a loom learning fine craft weaving, seated completing hand needlework for rug tapestry, and manufacturing wood, paper and leather objects by hand. The article stated "You don't find many moaners at Veterans' Hospital, and one of the chief reasons for the lack of discontent at the institution is the hospital's occupational therapy work."<sup>88</sup> At the time of this particular article, a female nurse directed the occupational therapy program, and is prominently featured in the photo spread. The types of therapies over time at the veterans hospital are described in local media, as well as in historic photo collections of the VAMC-JB's Public Affairs office. The descriptions

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<sup>85</sup> *St. Louis Post-Dispatch*, "Division of Barracks Land and Buildings: Veterans' Administration and City Work Out Agreement on Shares," June 29, 1946, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.

<sup>86</sup> Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011) 6-7.

<sup>87</sup> Sanders Marble, *Rehabilitating the Wounded: Historical Perspective on Army Policy* (Falls Church, VA: Office of Medical History, Office of the Surgeon General, 2008), 29.

<sup>88</sup> "Working the Blues Away at Veterans' Hospital," no publisher, undated newspaper clipping. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.



and photographs include indoor and outdoor social gatherings, holiday parties, lectures, auditorium gatherings of an educational and social nature, theatrical and musical performances, and sporting functions, like playing pool, bowling, swimming, and throwing horseshoes.

The Jefferson Barracks army post burgeoned with World War II soldiers who needed first to be trained, moved through, and later returned back to civilian society. The population of wounded at the army post's military hospital was also high, and in this atmosphere, a medical focus dominated the overall site with a huge army hospital and a nearby veterans hospital. While interchange in the area of rehabilitation medicine between the two facilities was initially a subject of speculation during the planning for this report, the pioneering physician in the field, Howard A. Rusk, who served as Chief of Medical Services at the U.S. Army Hospital at Jefferson Barracks in 1942 and 1943, was not linked by any historic documentation to the VAMC-JB; the research conducted to reach this conclusion has been summarized and retained as Appendix A.

#### IV.A.4 Post World War II Hospital Conversion

In the Third Generation historical period after World War II, VAMC-JB turned to psychiatric rehabilitation as its new core focus. Planning for conversion started early in the post-war period, with studies on psychiatric hospital design, for veterans and others, beginning in 1946-1947. The first architectural mapping and early building construction plans for conversion at VAMC-JB were drafted in 1948, with actual buildings constructed by 1952.<sup>89</sup> However, VAMC-JB had started special psychiatric treatments much earlier than would be suggested by this conversion chronology. Even before World War II's August 1945 conclusion, VAMC-JB had been selected as a site for specialized neuropsychiatric facilities. The initial program involved "veterans clinics" or, in the *New York Times*' now outdated terminology, "Veteran Clinics to Aid Neurotics: Administration Will Establish 50 Mental Hygiene and Neurosis Stations for Treatment." Named as one of 18 veterans sites nationwide, VAMC-JB and the other general medical and surgical hospitals were selected to "be equipped for intensive therapy of the severe neuropsychiatric patient and will have available equipment for therapy embracing psychotherapy, both for the individual and group;" not to mention "occupational therapy, psychotherapy, recreational therapy and social services, 'all aimed at an early re-establishment of the veteran in his home community.'" <sup>90</sup> Several other fields of medical treatment were added to VAMC-JB's specializations after the conclusion of World War II. In 1947, the facility was tapped to become one of 15 VA plastic surgery centers nationwide, and in 1948 to provide epilepsy treatments. According to the *St. Louis Star-Times*, "The Veterans Administration has approved the establishment of a post-traumatic epilepsy (epilepsy caused by a blow) center, one of two in the United States, at the Veterans Hospital at Jefferson Barracks, Dr. Henry G. Schwartz, Professor of Neurological Surgery at Washington University Medical School, said today." <sup>91</sup> A 1950 special report for President Truman praised the state of veterans' medical care

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<sup>89</sup> HABS No. MO-1943, 25-26.

<sup>90</sup> *New York Times*, "Veteran Clinics to Aid Neurotics: Administration Will Establish 50 Mental Hygiene and Neurosis Stations for Treatment Clinics," July 29, 1945.

<sup>91</sup> *St. Louis Globe-Democrat*, "Plastic Surgery Center," March 31, 1947, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis; *St. Louis Star-Times*, "VA Epilepsy Center Planned Here, One of Two In Nation," February 23, 1948, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.

following the war, and included specific mention of neuropsychiatry as a problem “particularly pertinent to the veterans’ population,” along with rehabilitation.<sup>92</sup> The post-World War II era of Third Generation Veterans Hospitals meant renewed attention to psychiatric care of veterans, likewise part of a larger story of civilian and military mental health care in the U.S., being enacted at Jefferson Barracks proper. As summarized by the Historic American Buildings Survey, “Construction of sixteen new VA neuropsychiatric hospitals in the late 1940s and early 1950s was part of a wave of post-World War II reforms in mental-health treatment that swept the United States after wartime abuses at state mental hospitals were exposed in the press. Dr. Paul Haun, a VA psychiatrist in Washington, D.C., was particularly influential in reforming the design of mental-health hospitals in the late 1940s.”<sup>93</sup> Most importantly from a local perspective, “Haun’s philosophies for hospital design can be seen in the buildings constructed in the 1950s at the VA Hospital, Jefferson Barracks, when the site was converted from a general medical and surgical hospital to a psychiatric hospital. . . Dr. Haun emphasized humane treatment of patients and included outdoor recreational activities and occupational therapy. Starting in the mid-1950s, the availability of psychoactive drugs at VA mental facilities also helped some patients recover more quickly, which led doctors to abandon harsher forms of treatment like electro-shock therapy.”<sup>94</sup>

As an addition to an existing Second Generation Veterans hospital, the VAMC-JB 1950s campus is of a type characterized in the Third Generation MPDF recognizable by the manner in which they continued the Second Generation pattern of multiple buildings in a campus setting, rather than following the Third Generation tendency to erect a central high-rise, such as St. Louis’s VAMC-John Cochran. The creation of a multi-structure Third Generation area at VAMC-JB, however, was not solely a by-product of the Second Generation campus-style arrangement of disparate buildings that had been inherited by the Third Generation design teams. It was directly connected to psychiatric hospital design philosophies of the mid-1940s that sought to banish stereotypes associating mental health care with 19<sup>th</sup> century asylums. Members of the Committee on Hospital Planning and Construction of the VA’s Neuropsychiatry Division worked with teams of private architects to re-adjust attitudes as well as building styles: “Our greatest task was to orient their thinking to the daytime activities of the psychiatric patient. There was too great a tendency to think of a psychiatric hospital in terms of beds and security, of crowded dormitories and escape proof rooms. Our first job then, was to get the architects to think in terms of patients, not beds; of therapy, not iron grilles.”<sup>95</sup> In its construction, as demonstrated throughout the Historic American Buildings Survey of the site, VAMC-JB was a near half-scale replica (with its 500+bed capacity) of the 1,000-bed model VA psychiatric hospital espoused by doctors Paul Haun and Z.M. Lebensohn in their noted “New Trends in Hospital Design” presentation to the American Psychiatric Association in 1947 at the start of Third Generation building boom nationwide. Compared to the “Schematic Plan for a 1,000 Bed VA Hospital” with its “Admission and Treatment Building,” “Continued Treatment Buildings” including the “Disturbed Building” and two “Infirm Buildings” (Buildings 50, 51, 52, 53), VAMC-JB was a very close match, with

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<sup>92</sup>Howard A. Rusk, Arthur S. Abramson, and Robert L. Dennison, *Report to the President from the Committee on Veterans’ Medical Services* (Washington, D.C.: U.S. Government Printing Office, 1950). Folder 398, Veteran’s Administration Correspondence 1945-1961, Howard A. Rusk Papers, The State Historical Society of Missouri, Columbia.

<sup>93</sup> HABS No. MO-1943, 26.

<sup>94</sup> HABS No. MO-1943, 26, 32.

<sup>95</sup> Haun and Lebensohn, 555.

the more-service oriented structures and facilities such as the “Chapel”, “Kitchens and Dining Facilities”, enclosed gardens/courtyards, “Relaxation Area,” and recreation facilities included in that characterization.<sup>96</sup> As summarized in the MPDF, “psychiatric care had shifted from housing patients in large wards in rural settings to treating patients with the goal of returning them to society, but the requirements for specific treatments shifted constantly. . . Architects struggled with finding accurate information on the approved treatment methods that would impact their designs and plans for the mental hospital.”<sup>97</sup> Such was the case with spinal-cord treatment as it would be addressed in VAMC-JB’s Building 52.

Some of the new Third Generation treatment buildings at VAMC-JB were created due to enhanced survival rates following World War II as compared to World War I for similar injuries. The Spinal Cord and Neuropsychiatric Tuberculosis Building (Building 52) is a prime example, with its first floor “spinal cord hospital,” including “a nurses’ station, an exam and treatment room, and a series of one-, two-, and three-bed rooms” not to mention “special facilities” including “larger bathrooms suitable for patients who were paralyzed” of the kind of building that was not required following World War I, but would be a necessity after the World War II conversion.<sup>98</sup> Spinal cord injury care and physical rehabilitation developed as a growing treatment area after World War II, but not after World War I, because more men survived after the battlefield trauma. As a U.S. Army history on rehabilitation starkly put it concerning the immediate post-World War I period, in particular, “There had been no need for the VA to have a physical rehabilitation program. Only 400 paraplegic patients had survived to get to hospital in France; a third died there, another third died within six weeks of arriving in CONUS [the Continental United States], and 90% of the remainder were dead within a year. . . World War II would be different and some 2,500 paraplegics survived.”<sup>99</sup>

Building “up” and building “out” both occurred in the Third Generation campus conversion at VAMC-JB. As Dr. Haun stated, “The height of buildings has always been a point of controversy. . . There are those who advocate a dispersed hospital made up of one-story buildings spread over an extensive acreage. This allows the patient ready access to the grounds and encourages outdoor activity but complicates supervision and makes the patient less immediately accessible to the doctor. On the other hand are the proponents of the skyscraper. In this solution, travel between patient and doctor becomes vertical and rapid . . . We have advocated a combination of the two schools. In our admission and treatment and general medical buildings where therapy is highly personalized, we advise building in the air. In the continued treatment, disturbed, and infirm buildings we prefer the low, one- or two-story structure.”<sup>100</sup> Mixing the general medical and surgical hospital approach of a diminutive high rise in the Admissions Building (like Building 50) with multiple treatment structures of a detached hospital became the middle ground promoted by Haun and applied by the architects of VAMC-JB. The Admission building became the centerpiece in this philosophy of building the most up-to-date architecture to provide the most up-to-date care for veterans: “This building will be used to admit and *treat* [emphasis

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<sup>96</sup> Haun and Lebensohn, 557-561.

<sup>97</sup> MPDF, 3<sup>rd</sup> Gen, 26.

<sup>98</sup> HABS No. MO-1943-X, 7.

<sup>99</sup> Sanders Marble, *Rehabilitating the Wounded: Historical Perspective on Army Policy* (Falls Church, VA: Office of Medical History, Office of the Surgeon General, 2008), 57.

<sup>100</sup> Haun and Lebensohn, 557.

Haun's] all types of psychotic patients, many of them entering a mental hospital for the first time. Its function will differ radically from the old Veterans Administration reception building. Emphasis will be placed on treating each patient as intensively as possible with the most modern psychiatric methods available. . . Patients will remain in this building for about 4 to 6 months but perhaps no longer. . . Those patients who fail to respond to intensive treatment or who require a longer period will be moved to the continued treatment, the infirm, or the disturbed building (whichever is indicated) for further treatment."<sup>101</sup>

Implementation of the large-scale mission shift and hospital type conversion occurred at VAMC-JB within a national and local staffing shortage. During the post-World War II period, psychiatric reform and mission conversion of facilities like VAMC-JB were influenced by national trends heralding faster treatments, rehabilitation, and greater integration back into society. The change at VAMC-JB became evident in increasingly decentralized configurations of buildings on the campus, which fostered community and relationships among patient and staff. While typifying new patterns in neuropsychiatric facilities, such a configuration was different from the dominant Third Generation Hospital style of single buildings of multiple stories (as would be developed at VAMC-John Cochran). The completion of the VAMC-JB's new buildings in 1952 was initially an incomplete mission conversion, however, since staffing shortages (documented in multiple local news articles) prevented full occupation of the wards for months after the completion of construction. Nonetheless, "Jefferson Barracks VA Hospital Fact Sheet" indicated that "soon after" completion, "It was then converted to a psychiatric hospital, and the GM&S [general medical and surgical] patients were moved to the newly constructed John Cochran VA Hospital in downtown St. Louis."<sup>102</sup>

The staffing shortage that delayed the hospital's conversion to psychiatric care was chronicled in a series of local newspaper articles, beginning with a short squib in the *St. Louis Post-Dispatch* on February 19, 1953. The article followed a hospital job search announcement that "qualified applicants" were needed and "Openings exist for occupational therapists, and physical therapists as well as for physicians and nurses." The article continued, stating that "reception of patients at the 544-bed addition depends on how soon the new staff can be obtained, hospital authorities said."<sup>103</sup> The following week, the *St. Louis Globe-Democrat* reported that the VA conversion to a neuropsychiatric facility had been completed as a physical space since November 7, 1952, but at the close of February 1953, some four months later, it still had not been able to admit anyone because of shortages in doctors and nurses who could provide psychiatric care. The article implied poor planning from its opening lines: "A \$7,000,000 neuro-psychiatric addition to Veterans' Hospital at Jefferson Barracks completed last November and the most up-to-date in the country is nearly empty and idle because the Veterans' Administration is unable to get enough doctors and nurses to staff it." The hospital manager, Dr. Joseph Bounds, agreed: "It sort of makes you heartsick to see it... It's a beautiful place, the finest of its kind. . . The taxpayers have done their part. . . If we can find the professional personnel, we're set. There certainly are plenty

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<sup>101</sup> Haun and Lebensohn, 558.

<sup>102</sup> U.S. Department of Veterans Affairs, "History," undated, 1-page in untitled event program document. Photocopy on file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.

<sup>103</sup> "Personnel Needed for New VA Psychiatric Hospital," *St. Louis Post-Dispatch*, February 19, 1953. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Medical Media office.

of patients waiting.”<sup>104</sup> One wing was in use, the article reported, by existing psychiatric patients that were transferred from their previous locations at VAMC-JB. The personnel department blamed the staffing shortage in part on lack of funds for promotion and advertising, noting the high pay for VA nursing staff wouldn’t be predictive of a labor shortfall. A congressional representative from St. Louis blamed the VA’s national leadership, complaining that “It has to do with the more basic problem that “the professional reputation of the VA medical program has declined to a point where one does not enhance one’s professional reputation by becoming associated with this.”<sup>105</sup> However, the area head for the combined Jefferson Barracks and the Cochran VA medical facilities, Dr. Charles H. Beasley, called it a nationwide shortage, and made special note that “psychiatric units are somewhat harder to staff.”<sup>106</sup> The VA resolved the worst of the staffing crisis and codified the change in hospital type with the final transfer of any general medical and surgical patients to the downtown St. Louis John Cochran hospital, when it opened on March 23, 1954.<sup>107</sup>

In the mid-1950s, VAMC-JB functioned as a remade institution, adding somewhat to the Modern-style building program that had been so active in the early 1950s. The additions continued in an area north and west of the 1922-1940 original campus and oval drive. The building period of 1950-57 resulted in over a dozen buildings and structures, containing hospital administrative, clinical, and utility/service functions (see Table 1).<sup>108</sup>

Less than 10 years later, a March 22, 1966, *St. Louis Post-Dispatch* article quietly announced the first Vietnam veteran’s arrival and the origins of a new era in wartime treatment as well: “Jefferson Barracks Veterans Administration Hospital admitted its first Viet Nam war patient yesterday,” a Missouri native and medical transfer from the Great Lakes Naval Hospital with head injuries suffered in battle.<sup>109</sup> In 1970, VAMC-JB consolidated with the John Cochran facility, with which it had been associated since the planning of Cochran immediately following World War II.<sup>110</sup> Soon, the need to accommodate a growing scale and volume of veterans medical needs became clear: World War II veterans were aging, and the Vietnam War era soldiers required care. The *St. Louis Globe-Democrat* outlined a \$5.1 million building program to be completed in 1973, of which all but approximately \$600,000.00 would be going to VAMC-

<sup>104</sup> Marguerite Shepard, “No Nurses Here, Big VA Hospital Nearly Empty,” *St. Louis Globe-Democrat*, February 20, 1953. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Medical Media office.

<sup>105</sup> Aaron G. Benesch, “VA Administrator Draws Criticism of Rep. Curtis,” *St. Louis Globe-Democrat*, February 25, 1953. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Medical Media office

<sup>106</sup> Marguerite Shepard, “Veterans’ Hospital Shortage of Nurses is Nation-Wide,” *St. Louis Globe-Democrat*, February 21, 1953. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Medical Media office; U.S. Department of Veterans Affairs, *Veterans Administration Hospital, Jefferson Barracks, Missouri, Nursing Service Information Bulletin*, 1957. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Medical Media office; *St. Louis Globe-Democrat*, “Inconsistent,” n.d., letter to the editor response to “No Nurses Here, Big VA Hospital Nearly Empty,” by Marguerite Shepard, *St. Louis Globe-Democrat*, February 20, 1953.

<sup>107</sup> U.S. Department of Veterans Affairs, “Historical Sketch of Jefferson Barracks VA Hospital,” undated, 2-page typescript document. Photocopy on file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.

<sup>108</sup> HABS No. MO-1943, 10-13.

<sup>109</sup> *St. Louis Post-Dispatch*, “VA Hospital Here Admits Its First Viet Nam Patient,” March 12, 1966. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Public Affairs/Voluntary Service office.

<sup>110</sup> U.S. Department of Veterans Affairs, “Jefferson Barracks Division – 667 beds, John J. Cochran Division – 440 beds,” undated, untitled, 4-page typescript document. Photocopy on file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.

JB; the rest went to John Cochran or was shared. As the VA Administrator, Donald E. Johnson, announced to the media, the new treatment facilities and enhancements to programs were to “provide increased ability to serve new veterans coming to us from service in Southeast Asia and elsewhere, and to provide additional help for older veterans of past conflicts.” A new outpatient clinic “needed to handle an expected 146,000 patient visits” just for the next fiscal year, not to mention a geriatric treatment center, spinal cord injury center, cancer treatment facility, prosthetic treatment, as well as a coronary intensive care unit, all were to be instituted at VAMC-JB, along with other enhancements occurring at both VAMC-JB and the John Cochran facility.<sup>111</sup> It is anecdotally reported today that the arrivals now from the Iraq and Afghanistan conflicts have made the VAMC-JB the “busiest” it has been since the Vietnam conflict-related admissions at the hospital.<sup>112</sup>

As previously discussed, the Jefferson Barracks U.S. Army installation had been decommissioned as a military post in 1946 with the end of World War II. The numbers of veterans, many from the Vietnam conflict, passing through the St. Louis area VA medical facilities contrasted with the limited activity at the former army installation. A 1970 newspaper reporter’s low-key and almost nostalgic rumination on the military post’s old parade grounds during the height of the Vietnam conflict stated, “After that convulsion known as World War II had subsided, the old post settled to await what next might befall. Troops still move about the parade grounds, soldiers and air men of Missouri National Guard... Continuity is a thing of many virtues.”<sup>113</sup>

## **IV.B Statewide and National Contexts: Veterans Hospitals and Veterans Administration Historical Development**

The U.S. Veterans Hospital Jefferson Barracks, now known as VAMC-JB, is a regional enactment of the national story of development of medical facilities owned and administered by the VA. Veterans care facilities of different types have existed since the post-Revolutionary War period in the late eighteenth century. The types of facilities shifted over time, including during the years that have passed since the VAMC-JB facility’s origins in 1921-22. The over-arching structural changes in the federal institutions managing veterans services have been reflected in the shifts in the actual types of facilities available to veterans nationally.

### **IV.B.1 National Veterans Care: Nation’s Founding to 1921**

Prior to the 1921 establishment of the Veterans Bureau, provision of veterans care (both direct and indirect) operated through other authorizations and administrative entities. Beginning after the Revolutionary War, limited pensions and other monetary service became available to veterans who had sustained wartime injury or disability. Congress expanded this early pension system in 1818 to include veterans whose primary criteria was financial need. Pensions were codified in 1833 upon the creation of the Bureau of Pensions, then within the Department of the Interior. During this same time period, the first veterans hospital facility originated in the

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<sup>111</sup> *St. Louis Globe-Democrat*, “\$5 million tabbed for new facilities for area veterans,” October 4, 1972, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.

<sup>112</sup> Drikow, Interview with author, February 23, 2011.

<sup>113</sup> Hale, “Jefferson Barracks: An Army Post Rich in History.”

country, in the form of the U.S. Naval Asylum in Philadelphia, established by Congress in 1811 but not opening until 1831. Twenty years later, outside of Washington, DC, the U.S. Military Asylum (later called the U.S. Soldier's Home and still operational as the Armed Forces Retirement Home) was the federal government's first action to provide care to elderly and/or long-serving veterans. Mental health was first recognized as a national veterans issue at an institution-building level in 1852, with the construction in Washington, DC of the Government Hospital for the Insane, the well-known St. Elizabeths Hospital. Congressional action in 1865 authorized the National Home for Disabled Volunteer Soldiers after the Civil War, in which the closing year of battle in the overall conflict saw a frenzied period of fighting on Missouri soil, with some "1,162 battles, engagements and skirmishes, more than any other state except Virginia and Tennessee." (These battles, not surprisingly, turned Jefferson Barracks U.S. Army Hospital into the largest, busiest military hospital in the U.S., with its Mississippi River transportation/communication advantages.)<sup>114</sup> Justified by the wartime service of the veterans, the Home branches were developed across the country over the late nineteenth century, typically providing a campus-like, quasi-military, often rural, setting with dormitories/barracks, separate kitchens, hospital and administration buildings.<sup>115</sup>

The circumstances required for a veteran to receive care changed across the centuries, generally becoming more inclusive in parallel with the expansion of national government and provision for social welfare. For treatment at the nineteenth-century Naval and U.S. Military Asylums, for example, injuries had to have occurred during conflict. The Government Hospital for the Insane likewise expected that the disabling mental health condition occur within a few years of wartime service. The National Home for Disabled Volunteer Soldiers initially provided long term care/living accommodations only for Union veterans (but not Confederate veterans) who had sustained illness or injury during the Civil War. Gradually, legislation broadened the eligible conflicts, adding in 1884 the War of 1812 and Mexican War veterans and providing veterans care whether or not they had sustained their injury or infirmity in wartime. By the World War I era, veterans of the Spanish-American War could also be found in the homes. By the time of the VAMC-JB, the inclusiveness of the standards was evident in the 1930 Census records, which showed resident-patients who had served in the Spanish-American War, the Civil War, and World War I.<sup>116</sup>

#### **IV.B.2 Second Generation Veterans Hospitals and the Overlap of Governmental and Social Context Following World War I**

During the period of significance for the VAMC-JB as a Second Generation Veterans Hospital, broad national changes occurred in the structure of veterans' care, which had been previously provided at regional or local level facilities. Upon the United States' entrance into the First World War in 1917, the government began planning for what was anticipated to be the greatest influx of returning veterans to civilian society since the Civil War, especially those who could be disabled, injured, or otherwise in need of medical services. "Public Law 90, passed in 1917, was the first occasion that medical care to veterans was specifically addressed by national legislation,

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<sup>114</sup> C. K. Boeschstein, "J-B's Colorful Place In History is Assured," *St. Louis Globe-Democrat*, November 23, 1958, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.

<sup>115</sup> HABS No. MO-1943, 21; MPDF, 4-6.

<sup>116</sup> HABS No. MO-1943, 21; MPDF, 4-6.



whereas before this, domiciliary benefits with minimal medical care were offered to veterans.”<sup>117</sup> The establishment of the Bureau of War Risk Insurance (within the Treasury Department) soon followed, and partnered with the U.S. Public Health Service to manage the massive and unprecedented commitment to provide medical service to returning injured or disabled service members. As previously indicated, World War I and the Progressive Era urge for rational government and reform prompted an increased sentiment in the federal government to rehabilitate former soldiers for return to work and the economy; it focused less attention on funding pensions than in funding hospitals to get men “back on their feet.” As Beth Linker has noted in her study, *War’s Waste: Rehabilitation in World War I America*, monetary realities of providing assistance to the nation’s war veterans concerned the federal government in the early 1920s. As previously stated, but worth emphasizing, in “1920 the US Treasury reported that it was spending approximately the same amount on World War I veterans as it was on Civil War pensioners.”<sup>118</sup> The rise of Second Generation Veterans Hospitals occurred within the context of government wishing to continue support of aging Civil War veterans, while creating a better and updated program for the more recently returned, and younger, World War I veterans.

Veterans hospitals established initially to be administered by the U.S. Public Health Service (until the formation of the Veterans Bureau) came next, including the U.S. Veterans Hospital Jefferson Barracks. The government and social context merged in this post-World War I period, and coalesced local, state and regional, and national issues and responses. In the most basic description, the establishment of these facilities paralleled Congressional establishment of the Veterans Bureau in 1921, characterized as a “Consolidation of all Government activities dealing with former soldiers and sailors into a ‘Veterans’ Bureau’” with a centralized national office, and then tiers of regional and local or “sub-offices.”<sup>119</sup> The Veterans Bureau consolidated the federal government’s many different programs for veterans, including the Bureau of War Risk Insurance, the Public Health Service, and the Federal Board of Vocational Education. However, the Bureau of Pensions and the National Home for Disabled Volunteer Soldiers were not included in the bureau and remained independent agencies.<sup>120</sup>

This consolidation of veterans care emerged in the context of a U.S. Congress deeply concerned with broad patterns of social order and disorder – affecting veterans and urban areas in particular, in the postwar period. The drama of institution building and the birth of the Veterans Bureau in 1921 occurred in a social climate of growing and often troubled cities struggling with economic hardship in the unsettled era immediately before and after World War I. Populations in cities had exploded in the U.S. in the immediate decade prior to the War. One of the main groups on the move was African-Americans from the rural South. One recent study estimated that “between 1915 and 1921 roughly 700,000 African-American men and women relocated from the South; by 1930, 1.5 million.”<sup>121</sup> Foreign immigration, too, had reached the highest level in the nation’s history just prior to World War I, with close to 15 percent of the population having been born

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<sup>117</sup> MPDF, 7.

<sup>118</sup> Beth Linker, *War’s Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011), 166.

<sup>119</sup> *New York Times*, “Veterans’ Bureau Plan in Congress: Sweet Bill Would Consolidate Under Treasury Department Interests of Ex-Service Men,” May 26, 1921.

<sup>120</sup> HABS No. MO-1943, 21.

<sup>121</sup> Adriane Lentz-Smith, *Freedom Struggles: African-Americans and World War I* (Cambridge, MA: Harvard University Press, 2009), 34.

outside of the U.S. in 1910.<sup>122</sup> Widespread racist and nativist attitudes spurred on groups such as the Ku Klux Klan, who saw their highest membership just after World War I, estimated by 1924 to be 2 to 4 million members.<sup>123</sup> Numerous race riots occurred in major cities; East St. Louis witnessed one such riot on July 1-2, 1917, when, according to historian Isabel Wilkerson, “thirty-nine blacks and eight whites were killed . . . and five thousand blacks were driven from their homes.”<sup>124</sup> Twenty-six additional riots occurred in the “Red Summer” of 1919 alone.<sup>125</sup> Seventy lynchings were reported nationwide in 1919 as well. The Tulsa Race Riot of 1921 occurred in the very midst of Congressional deliberation over veterans care.

Military personnel and veterans were recognized at the time as both instigators and victims of many of these incidents of mob violence. In the aftermath of the East St. Louis riot, U.S. Representative Leonidas Dyer, whose district included St. Louis, introduced anti-lynching legislation on April 1, 1918.<sup>126</sup> Two army officers testified on behalf of the legislation for “entirely military” reasons, comparing the anti-lynching bill to the recently enacted War Risk Insurance as ways that soldiers as well as their dependents “shall be taken care of” by the government. They noted “a great deal of bitterness” among African-American soldiers about their treatment, and such sentiments extended into the immediate postwar period when returning black soldiers confronted a lack of medical care.<sup>127</sup>

Concern and embarrassment over inadequate medical treatment for veterans who had served the nation bravely, not to mention the broader specter of social unrest, did not escape the attention of national officials. President Warren G. Harding, in his address to the 67<sup>th</sup> Congress on April 12, 1921, urged the creation of “one directing head” over “all Government agencies looking to the welfare of the ex-service men.” Such a bureau would be part of “Government’s obligation” for “making better citizens—physically, intellectually, spiritually,” Harding believed. Three paragraphs later, he noted that “events of recent years have profoundly impressed thinking people . . . with problems of life and social order.” Two paragraphs after these sentiments, Harding asked Congress to “wipe the stain of barbaric lynching.”<sup>128</sup> Indeed, the same 67<sup>th</sup> Congress that created a national system for veterans care also considered, within the same session, Dyer’s anti-lynching legislation (it passed in the House, but failed in the Senate). Echoing President Harding, George E. Haynes, an African-American analyst at the U.S.

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<sup>122</sup> Ronald H. Bayor, ed., *Race and Ethnicity in America: A Concise History* (NY: Columbia University Press, 2003), xiii.

<sup>123</sup> Chudcaoff, 234.

<sup>124</sup> Isabel Wilkerson, *The Warmth of Other Suns: The Epic Story of America’s Great Migration* (NY: Random House, 2010), 274.

<sup>125</sup> Chudcaoff, 234; William H. Chafe, *The Rise and Fall of the American Century: The United States from 1890-2009* (NY: Oxford University Press, 2009), 63.

<sup>126</sup> Walter Rucker and James Nathaniel Upon, Eds., *Encyclopedia of American Race Riots*. Vol. 1, S.V. “Dyer, Leonidas C. (1871-1952)” “Dyer Anti-Lynching Bill”; Vol. 2, S.V. “Red Summer Race Riots of 1919: The Military Riots.” Westport, CT: Greenwood Press, 2007.

<sup>127</sup> United States Congress, *To Protect Citizens of the United States Against Lynching in Default of Protection by the States: Hearing on HR 11279*, Before the Committee on the Judiciary, 65th Cong., Serial 66 (June 6, 1918) (statements of Maj. J.E. Spingarn, U.S. Infantry, and Capt. George S. Hornblower, U.S. National Army). Washington: Government Printing Office, 1918.

<sup>128</sup> Warren G. Harding, “Address of the President of the United States Delivered at a Joint Session of the Two Houses of Congress, April 12, 1921.” Sixty-seventh Congress, First Session, House Document No. 1. Washington, D.C.: Governing Printing Office, 1921.

Department of Labor, observed that a “new order” had arrived in American society, in which “questions of housing, of public health, of accident insurance, sick and old age pensions” were moving to the forefront of government concern.<sup>129</sup>

Veterans care was thus part of the emerging institutionalization of social welfare in the U.S, fostered by the nation’s gratitude as well as its anxiety over conflict and disorder—and not a moment too soon. In areas such as District 9, including Missouri, Kansas, and Iowa, reports surfaced in November 1921 that “an emergency exists in reference to the hospital facilities.” Director of the Veterans Bureau, Colonel C.R. Forbes, was quoted as saying “I am very much alive to the situation in St. Louis because I have been there and I feel that there should be a hospital in that vicinity.” The American Legion Rehabilitation Committee for District 9 also provided a challenging force in the push for siting the region’s hospital in St. Louis. Its chairman, a St. Louis resident, presented daunting statistics in a letter to the Legion’s national chairman on rehabilitation. As reported in the *St. Louis Post-Dispatch*: “The letter estimates that there are 7,000 ex-service men in the district suffering mental and nervous diseases, only 492 of whom are receiving treatment at present. It estimates that there are 6,000 tubercular ex-service men of whom only 191 are now hospitalized and urges facilities for 750 general hospital and surgical patients.”<sup>130</sup>

The shifting character of the institutions and chains of command in veterans affairs that came about within this broad-ranging context of social concern is quite clear in contemporary newspaper articles on the development of VAMC-JB. Even before the August 1921 creation of the Veterans Bureau, in the First Langley Bill in the spring of 1921, a massive congressional appropriation occurred to fund construction of new veterans hospitals, like Jefferson Barracks, and refurbish existing ones. This First Langley Bill put the development under the oversight of the Treasury Department. The Second Langley Bill, in 1922, gave that oversight to the fledgling Veterans Bureau, with the Veterans Bureau ultimately building “twenty-one hospitals designated as either tuberculosis, neuropsychiatric, or general medical and surgical hospitals, not including those erected or improved by the Treasury Department. The hospitals designed for and by the Veterans Bureau incorporated concepts derived from earlier federal examples set by the housing of large groups of men, such as Army reservations and NHDVS [National Home for Disabled Volunteer Soldiers] branches. Concepts utilized at these three federal institutions include a campus setting and decentralized plan with buildings serving specific functions. . . Veterans Bureau hospitals provided short-term rehabilitation and medical care to veterans, whereas Army reservations and NHDVS branches supported the long-term housing of soldiers and veterans while also offering care.”<sup>131</sup> VAMC-JB was one example of the general medical and surgical sub-type of this first group of veterans hospitals built as a result of the new federal commitment to facilities. The *St. Louis Post-Dispatch* described the typology in the language of its day,

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<sup>129</sup> George E. Haynes, “Negro Labor and the New Order.” National Conference of Social Work. Proceedings of the National Conference of Social Work at the 46<sup>th</sup> Annual Session held in Atlantic City, New Jersey, June 1-8, 1919. V. 46. Chicago: Rogers & Hall, 1920; 538.

<sup>130</sup> St. Louis Post-Dispatch, “Veterans Bureau Admits Need of Hospital Here,” November 17, 1921, *St. Louis Post-Dispatch* (1879-1922), ProQuest Historical Newspapers; *St. Louis Post-Dispatch*, “Immediate Action Urged for 4 State War Hospitals,” August 20, 1922.

<sup>131</sup> MPDF, 10.

saying of Jefferson Barracks, “The new hospital will care for general cases. Tuberculosis and nervous patients will be sent to hospitals now being erected for that purpose.”<sup>132</sup>

On November 18, 1921, the *St. Louis Post-Dispatch* announced that the Jefferson Barracks site had beaten out sites in Missouri and Kansas for the “Government hospital for disabled veterans,” and characterized the design in simple terms: “The hospital will be built in such a way that it can be enlarged. It will be of the pavilion type, which permits of a pavilion being added whenever increased capacity is needed.”<sup>133</sup> This Pavilion style, as previously discussed, had been a tried-and-true method of hospital construction since the Civil War, found widespread usage in the United States and Europe, and was initially tied to then-held medical theories that breezes and fresh air diminished the spread of disease: “The pavilion hospitals, the first truly successful standardized building located within Army posts, consisted of numerous pavilions or open wards connected by long corridors and containing numerous beds. The pavilions could be one or two stories in height, and the connecting corridors were covered or enclosed. Pavilion hospitals were used as general hospitals by the Army from the Civil War through World War II. The pavilion plan was the accepted hospital plan in Europe and was based on the assumption that diseases were airborne...”<sup>134</sup> U.S. Second Generation Veterans Hospitals, such as VAMC-JB, followed this “Pavilion style, which consisted of multiple wings (pavilions) with sufficient space between them to provide adequate ventilation within the building.”<sup>135</sup> Even after the rise of the germ theory of disease, and the waning of older assumptions about the airborne spread of disease, hospitals in the 1920s, especially, continued this construction style’s provision of at least some airy, open spaces for the patients, such as porches, and hospital siting in semi-rural areas when practical.<sup>136</sup> Such was the case at VAMC-JB as summarized in the Historic American Buildings Survey: “The 1922-1923 buildings of the U.S. Veterans Hospital, Jefferson Barracks are good examples of 1920s pavilion hospital design. The hospital campus was located away from downtown St. Louis, and the hospital grounds were developed with grass, trees, and landscaped walking paths. The hospital buildings contained relatively small wards for the patients and also featured open porches. The Main Hospital was an H-shaped building with porches, plus multiple wings to allow more fresh air and sunlight into the building. The buildings were constructed of modern reinforced concrete and were designed in the Neoclassical Revival style.”<sup>137</sup>

Following the broadest typology of a Pavilion-style hospital, the initial campus was designed by the architectural draftsmen of the Department of the Treasury’s Supervising Architect’s Office under James A. Wetmore. This occurred during the 1921-22 period when the Treasury Department still provided oversight on the post-World War I hospitals. Standardized plans were tailored to the requirements of individual sites. Jefferson Barracks, as a large project, had additional oversight from the Consultants on Hospitalization, an entity created in March 1921 by Andrew W. Mellon, as Secretary of the Treasury.<sup>138</sup>

<sup>132</sup> *St. Louis Post-Dispatch*, “New Hospital at Barracks May Cost \$2,000,000,” November 21, 1921, *St. Louis Post-Dispatch* (1879-1922), ProQuest Historical Newspapers.

<sup>133</sup> *St. Louis Post-Dispatch*, “Army Hospital to be Built at the Barracks,” November 18, 1921, *St. Louis Post-Dispatch* (1879-1922), ProQuest Historical Newspapers.

<sup>134</sup> MPDF, 41.

<sup>135</sup> HABS No. MO-1943, 27.

<sup>136</sup> HABS No. MO-1943, 28.

<sup>137</sup> HABS No. MO-1943, 28.

<sup>138</sup> MPDF, 50-51.

VAMC-JB's main campus origins, in a 7-building, 300-bed facility, were consistent with the design, setting, and mission of the early Veterans Bureau hospital construction campaign during the Bureau's own origination and oversight by the Department of the Treasury's Office of the Supervising Architect, using standard plans augmented for individual hospital campuses by draftsmen, like Walter Noll, at VAMC-JB.<sup>139</sup> Seven buildings and structures went up on the campus from 1922-23, containing hospital administrative and clinical functions, staff residences, and utility-type facilities, the three primary groupings by function of U.S. Second Generation Veterans Hospitals (see Table 1). Another 10 buildings and structures were constructed from 1926-1940, also designed by government architects following the stylistic characteristics of the initial 1922-23 Department of the Treasury's design, with slightly more decorative detail (as studies of the associated property type show was characteristic of new Period II Second Generation veterans hospitals, as well, constructed beginning in the late 1920s) (see Table 1).<sup>140</sup> In VAMC-JB, the overall model in initial design and construction of buildings was that of a simple Colonial Revival design, and the Main Hospital Building (Building 1) followed a particular, accepted historic guideline or model for hospital building style. The idea was to have one main hospital building, basically one medical treatment building, that could be enlarged with "return wing" additions on the ends of the building, augmenting the existing building, rather than constructing anew with separate structures should more space be required. VAMC-JB, like the "majority of veterans hospital built [during the Second Generation period of 1919-1950] utilized the Colonial Revival architectural style that was nationally popular during the first half of the twentieth century for residential, institutional, and government buildings."<sup>141</sup> The initial 1922-23 buildings, in particular, stuck to basics. This was the norm for the earliest post-World War I veterans hospitals: "Second Generation Veterans Hospitals built during Period I [1919-mid 1920s] exhibit the Colonial Revival architectural style but with nominal decorative elements. Speed of construction and minimization of cost were two of the hallmarks of these early veterans hospitals."<sup>142</sup>

#### IV.B.3 The VA and Jefferson Barracks Expansion: Late 1920s through 1930s

The U.S. Veterans Hospital Jefferson Barracks first campus expansion plan occurred less than 10 years after its origins, and again at a time of organizational changes in the federal government. In 1929, new buildings at VAMC-JB coincided with further consolidation of veterans services. In July 1930, Congress created the Veterans Administration, which merged the Veterans Bureau, the National Home for Disabled Volunteer Soldiers, and the Bureau of Pensions.<sup>143</sup>

The year 1930 was also notable due to that year's highly detailed U.S. Census that explicitly enumerated the 375 individuals (205 patients, 149 staff – 55 women and 94 men – and 21 family

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<sup>139</sup> *St. Louis Post-Dispatch*, "Barracks Hospital Contract Awarded: Group of Seven Buildings for Veterans to be Completed Within Eight Months," July 5, 1922, *St. Louis Post-Dispatch (1879-1922)*, ProQuest Historical Newspapers.

<sup>140</sup> Maria Burkett and Roy Hampton, and Hardlines Design Company, *U.S. Veterans Hospital, Jefferson Barracks, St. Louis, Missouri, HABS No. MO-1943, Historic American Buildings Survey, National Park Service*, Report prepared for the Department of Veterans Affairs, October 2010, 3-7.

<sup>141</sup> MPDF, 89.

<sup>142</sup> MPDF, 88.

<sup>143</sup> MPDF, 29-30.

members of staff) who were residents of the U.S. Veterans Hospital, as opposed to only the Jefferson Barracks military post; see detailed discussion in Section IV.A.1.a. As the first full year of the Great Depression, 1930 also marked changes and retrenchment in building programs. The U.S. Veterans Hospital Jefferson Barracks was fortunate to have completed five buildings between 1926 and 1929—its one new patient ward, the Neuropsychiatric Building (Building 25), for over 100 patients, its three new residential spaces for high ranking employees, the Medical Officer in Charge Residence (Building 28), Duplex Personnel Buildings 1 and 2 (Buildings 27 and 29, respectively), a Storehouse (Building 8), and possibly the campus Flagpole (Structure 32), although its year of construction is not certain.<sup>144</sup> This mini building boom was timely since it was not until the New Deal was in full force, in 1935, that local-level veterans hospitals would again begin to see a promise of government dollars for building projects, expansions, and improvements. On August 12, 1935, Public Law No. 260 (the Congressional Deficiency Appropriations Bill originally) passed into law, providing for construction and refurbishing of veterans facilities. As the contemporary *Journal of American Medicine* “New Hospital Beds for Veterans” article described the massive infusion of funds to the Veterans Administration during the New Deal, “More than 11,000 new hospital and domiciliary accommodations are to be provided veterans at a cost of approximately \$20,000,000.”<sup>145</sup> New Deal expansion at VAMC-JB of 1935-1940, which came to a halt with World War II, included the following buildings: Engineering Maintenance Office Building (Building 17), Nurses’ Quarters 2 (Building 18), Dining Hall (Building 23), Recreation Building (Building 24), and Personnel Garage (Building 35) to serve Nurses’ Quarters 2 residents.<sup>146</sup>

During this period, the Veterans Bureau (from 1926 to 1929) and then the Veterans Administration (after its creation in 1930) took over building design for additions to the U.S. Veterans Hospital Jefferson Barracks, architecturally drafting in the same consistent style and form as the Department of Treasury designs of the original 1922-1923 campus construction. While the sparest buildings, such as utility and maintenance type structures, went up in non “public” locations, the simpler and slightly plainer designs of the early 1920s “public” buildings gave way up until the World War II era to a more ornate and fully articulated Colonial Revival style, with more decorative elements.<sup>147</sup>

#### **IV.B.4 Third Generation Hospitals and Jefferson Barracks Veterans Hospital Mission Shift**

Following the mid-1930s through early 1940s building programs fueled by New Deal Congressional appropriations, it was after World War II that Jefferson Barracks and other veterans hospitals next saw large infusions of federal dollars for building, as well as a new defining moment in national veterans affairs, when General Omar Bradley led the Veterans Administration from 1945-1947 in the beginning of the Third Generation Veterans Hospitals historical period. The building additions of the 1950s at Jefferson Barracks and nationwide occurred in response to the physical and neuropsychiatric needs of thousands of World War II

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<sup>144</sup> HABS No. MO-1943, 6.

<sup>145</sup> *Journal of the American Medical Association*, “New hospital beds for veterans,” JAMA, 1935; 105 (8):607, <http://www.jama.ama-assn.org/content/105/8/607.1> (accessed March 26, 2011).

<sup>146</sup> HABS No. MO-1943, 3-7.

<sup>147</sup> MPDF, 57-58.

vets returned to the U.S., and were based upon the aggressive plans laid-out by Bradley during his crucial three-year tenure from 1945-1948. In 1946, the *New York Times* reported that “Bradley’s proposal for 183 new veterans hospitals included 49 neuropsychiatric hospitals, 105 general medical and surgical hospitals, and 29 tuberculosis hospitals,” a monumental change in scale and scope for veterans care in the U.S.<sup>148</sup> These concerns ran hand-in-hand since the VA reported 59% of its hospitals’ patients (44,000 out of a total of 74,000) in April 1946 were neuropsychiatric patients and, across the U.S. medical system, “25 percent of general hospital beds and 10 percent of psychiatric hospital beds were filled by neurologically disabled veterans,” according to a National Institutes of Health study.<sup>149</sup> As laid out by a Division Chief in the VA Neuropsychiatric Service, “The addition of 16,000,000 new veterans of World War II to the 4,000,000 of previous wars has thrown upon the Government of the United States a great responsibility. The situation demands that the Veterans Administration think in big terms – in large sums of money and in large numbers of personnel.”<sup>150</sup> Pertinent to VAMC-JB’s shift from a general medical and surgical hospital to a neuropsychiatric facility, the planning for conversion started early in the post-war period at the national level. VA studies on psychiatric hospital design began in 1946-1947, with articles such as “New Trends in Hospital Design” written by Drs. Paul Haun and Z.M. Lebensohn of the VA Neuropsychiatry Division in Washington. Haun emphasized that the “largest hospital building program in history has already been launched by the Veterans Administration,” as a result of the Bradley reforms, offering “an unparalleled and challenging opportunity to utilize new ideas in construction and design pooled from the best psychiatric and architectural talent in the United States.”<sup>151</sup>

The first architectural mapping and early building construction plans for a cutting edge psychiatric hospital at VAMC-JB were issued in 1948.<sup>152</sup> The actual start of the post-World War II construction at VAMC-JB happened to coincide with the 1950 “Report to the President from the Committee on Veterans’ Medical Services,” which praised the state of veterans medical care and argued that “With the Bradley-Hawley regime beginning in September 1945, the Veterans Administration has made vast strides in raising the quality of medical care. . . . Special emphasis has been placed on neuropsychiatry, tuberculosis, chronic disease and rehabilitation – problems that are particularly pertinent to the veterans’ population.”<sup>153</sup> During the 1950s, the VAMC-JB augmented its three-decade old campus with a new northern portion, distinct spatially and

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<sup>148</sup> MPDF, 70; *New York Times*, “Veterans Will Get 183 New Hospitals: Gen. Bradley Reveals New Plan Calls for 151,500 Beds in 39 States,” Feb. 17, 1946 and *New York Times*, “Engineers, VA Open Talks on Hospitals: Corps Will Direct Building Program Through Division and District Offices,” Feb. 18, 1946, with the *New York Times* factual correction that “the number of hospitals involved in the unprecedented program is eighty, including three now being built. The number was erroneously reported as 183 in today’s *New York Times*; but this figure includes the present hospitals of the Veterans Administration.”

<sup>149</sup> James G. Miller, “Clinical Psychology in the Veterans Administration,” *American Psychologist*, vol. 1, no. 6 (June 1946), 182; Ingrid G. Farreras (Director, Office of NIH History), *Mind, Brain, Body, and Behavior: Foundations of Neuroscience and Behavioral Research at the National Institutes of Health* (Amsterdam, The Netherlands: IOS Press, 2004), 4-5.

<sup>150</sup> Miller, 181.

<sup>151</sup> Haun and Lebensohn

<sup>152</sup> HABS No. MO-1943, 25-26.

<sup>153</sup> Howard A. Rusk, Arthur S. Abramson, and Robert L. Dennison, *Report to the President from the Committee on Veterans’ Medical Services* (Washington, D.C.: U.S. Government Printing Office, 1950). Folder 398, Veteran’s Administration Correspondence 1945-1961, Howard A. Rusk Papers, The State Historical Society of Missouri, Columbia



architecturally from the original 1922-1940 campus. However, the Bradley architectural model of building “up” (as in multi-story, convenient, urban locales), not “out” (as in a decentralized, multi-building campus), did not occur at the already decentralized VAMC-JB, nor at some other psychiatric facilities such as the Franklin Delano Roosevelt (known as “Montrose”) Hospital in New York State.<sup>154</sup> Instead, the VAMC-JB campus maintained an overall Second Generation approach – a decentralized, multi-building campus – in adding these new buildings, although their architectural expression and orientation diverged from the original 1922-1940 campus. (See Figure 6, Aerial View, 1950s.)



**Figure 6. Aerial view, 1950s.**

*Photo courtesy of VAMC-JB Medical Media.*

The Bradley model of design did come to fruition at the VA St. Louis Division’s partner hospital to VAMC-JB, the VAMC-John Cochran, instituted in 1954 as a multi-story, urban, general medical and surgical facility in downtown St. Louis. Also in alignment at Cochran with the Third Generation Veterans Hospital concept, and still today, was an increased focus on proximity to medical schools and other medical institutions – the affiliations in St. Louis being Washington University and St. Louis University’s Medical School. When VAMC-JB converted its mission to

<sup>154</sup> MPDF, pp. 70; 96; MPDF Third Generation, 34.

neuropsychiatric care, the VA provided St. Louis area general medical and surgical patients with a new venue at John Cochran, transferring existing Jefferson Barracks patients upon completion.

The 15 new buildings completed at VAMC-JB between 1952-1957, as summarized in the Historic American Buildings Survey, “were constructed north of the original hospital campus on a new layout with curvilinear roads and broad areas of grass lawn” with “buildings that reflect the influence of the “International” Style of architectural design – they are stark, plain, and cubic, with square forms and repetitive use of horizontal brickwork and other visual motifs that give the buildings an institutional appearance.” In the 1950s post-World War II period, they “would have communicated the message that the new VA Neuropsychiatric Hospital at Jefferson Barracks was a clean, thoroughly modern, up-to-date treatment facility that was in no way similar to the outdated, poorly maintained state mental institutions that provoked public outrage in the late 1940s.”<sup>155</sup>

As stated previously, the Jefferson Barracks hospital’s decentralized campus design was consistent with contemporary psychiatric care approaches, such as those espoused by VA psychiatrist Dr. Paul Haun and others with a focus on enhancing, modernizing, and de-stigmatizing all of the nation’s psychiatric care facilities. Articles in the national media described appalling conditions at American psychiatric facilities; the nation reacted angrily in particular to a 1946 *Life* magazine article “Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace.” Individuals including Haun and President Harry S. Truman urged remediation, with Truman approving the July 1946 National Mental Health Act. The field as a whole moved from a focus on hospitalization needs to the usefulness of psychiatric drugs, with hospital care (when needed) changing from an isolated, institutional experience for patients to a closer patient/medical provider relationship, with more rapid treatments and an overall focus on rehabilitation and integration with society. The VA tasked Haun, in cooperation with the Army Corps of Engineers, to create “new designs for mental-health facilities as part of a massive project to build eighty-five new VA hospitals” including 16 psychiatric facilities. The resultant 1947 “Schematic Plan for a 1,000-bed VA Hospital” set standards for buildings and campuses, and was published just before the VA began planning and designing facilities to convert its Jefferson Barracks campus into a neuropsychiatric hospital.<sup>156</sup> The building plan drawn up for the early 1950s VAMC-JB expansion may have come from the renowned local St. Louis architectural firm of Jamieson and Spearl (and the firm of Maguolo and Quick in the mid-to-late 1950s), but they came about with one hand on Haun theory and medical practice documents and articles, and the other hand on the architectural drafting table.<sup>157</sup> As a series of “Notes for History File” held by the VAMC-JB library informally describes it, the Haun imprint on the campus was more than on medical practice. Haun went beyond being a doctor, and into the realm of architectural and spatial design, and the plan affected the Jefferson Barracks conversion from a general medical and surgical facility: “In 1954, buildings of the Haun-type (designed by Dr. Paul Haun, Psychiatrist and Architect) were taken over . . . Patients who were GM&S [General Medical and Surgical] were transferred to the Cochran Hospital [in downtown St. Louis] which

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<sup>155</sup> HABS No. MO-1943, 9-10.

<sup>156</sup> Albert Q. Maisel, “Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace,” *Life*, May 6, 1946. <http://www.mnddc.org/parallels2/prologue/ba-bedlam/bedlam-life1946.pdf> (accessed April 8, 2011); Haun and Lebensohn, 555; MPDF, 80; HABS No. MO-1943, 29.

<sup>157</sup> HABS No. MO-1943, 38-39, 29-30.

was activated in 1954. In March, JB then became unofficially an NP [Neuropsychiatric] hospital until 7/1/54 when it was officially so designated.”<sup>158</sup> In these mid-century “International” Style buildings, form and function came together in different ways than in the dominant 1920s-1940s portion of the campus. The new buildings were located to the north of the Second Generation buildings, spatially distinct yet with old and new connected by a corridor system (see Section VII.D). The mid-twentieth century historic context that informs the later major construction period at VAMC-JB focused on decentralized construction in the form of one-story buildings dedicated to the particular purpose of providing smaller, human- and family-scale, and more intimate settings for patient treatment and staff work areas.

The converted Jefferson Barracks hospital manifested, both architecturally and therapeutically, the cutting edge of new psychiatric hospitalization practice, in which patients moved through a series of buildings on campus, on an as-needed basis. Patient hospitalization would begin in the multi-story Neuropsychiatric Hospital Admissions Building (Building 50), now scheduled for demolition as part of twenty-first century facility upgrades. If adequate progress was not achieved after four to six months, the patient moved on to individual buildings on the medical campus, constructed in the major 1950s building expansion, and dedicated to the different psychiatric needs of the patients.<sup>159</sup> This therapeutic approach was highlighted in the site’s recent Historic American Buildings Survey documentation, and was described to an inquisitive St. Louis public in a lengthy *St. Louis Post-Dispatch* feature spread in November 1958: “Rehabilitation is Goal at Barracks Hospital: Veterans Administration Policy Aimed at Getting Patient Back to Normal Life; Open House Monday.”<sup>160</sup>

The very modern architectural style of the northern portion of the VAMC-JB campus highlighted the newness of the mental health treatment experience – patients would be integrated into society, even in the hospital; they wouldn’t be cloistered, excluded, or ostracized. As the newspaper quoted the hospital director of the time, Lester Drubin: “That’s why we try to give them [patients] the same things they would have outside the hospital – recreation, hobbies, entertainment, in addition to therapy and treatment. And the time of admission is the time to start thinking of plans for discharge.”<sup>161</sup> Drubin explained further, “The Haun-type hospital was designed to foster a closer patient-doctor relationship as well as a close relationship between the patient and the therapeutic team responsible for his treatment.” The reporter noted not only the natural beauty at Jefferson Barracks – “It’s a pretty place, with curving, tree-line driveways. There is no feeling of confinement, no sense of being shut away from the world outside” – but also focused on this new national type of institutional care for the mentally ill: “Patients wear their own clothing instead of hospital issue. They live in small wards instead of huge dormitories. They have library service, a basketball court, pool tables, a baseball diamond, a golf course, a swimming pool, their own radio station, their own newspaper. They have birds to care for, aquariums to watch. They have a chance to learn a trade or brush up on their formal school.

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<sup>158</sup> U.S. Department of Veterans Affairs, “Notes for History Files,” undated, 2-page typescript document with handwritten marginalia. Photocopy on file at St. Louis VA Medical Center, Jefferson Barracks Division, Library.

<sup>159</sup> HABS No. MO-1943, 38.

<sup>160</sup> Mary Kimbrough, “Rehabilitation Is Goal at Barracks Hospital: Veterans Administration Policy Aimed at Getting Patient Back to Normal Life; Open House Monday,” *St. Louis Post Dispatch*, November 9, 1958. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Public Affairs/Voluntary Service office.

<sup>161</sup> Ibid.

They see movies and eat good meals.”<sup>162</sup> Doctors from Jefferson Barracks Veterans Hospital publicized the new philosophies of treatment, and did so actively (to which current VAMC-JB clipping file collections from the 1952-53 period attest). One article highlighted a talk at the Group Action Council of Metropolitan St. Louis, during which the chief of neuropsychiatric services at the hospital, Dr. Alfred Bauer, stated the then very contemporary viewpoint that “Mental illness can be cured, and in itself should be considered as no more of a stigma than, say, pneumonia. . . The attitude that mental illness is something to be hidden is fortunately becoming an old-fashioned one, no longer widely held, as more becomes known about it, Dr. Bauer said.”<sup>163</sup>

## V. Associated Property Types

### V.A U.S. Second Generation Veterans Hospitals

VAMC-JB falls within the Associated Property Type known as a United States Second Generation Veterans Hospital. Pursuant to the NRHP MPDF on these properties, they were developed by the U.S. government to care for returning troops following World War I, establishing the nation’s largest network of hospitals. These facilities were built during two main periods over a total 31-year span, from 1919 to 1950. VAMC-JB’s initial construction fell into Period I, dating from 1919 to the mid-1920s, with new buildings added in Period II, from the late 1920s to 1950.

The four sub-types of U.S. Second Generation Veterans Hospitals were neuropsychiatric, tuberculosis, general medical and surgical, and home/general medical. These sub-types can be recognized, however, as part of a whole, in their appearance and broad building functions, as suggested in defining literature: “Commonalities shared by the four sub-[types] include the use of architectural styles for buildings to create an architecturally cohesive campus scheme, similar functional building types, utilization of the natural terrain, and the decentralized campus plan with buildings of similar functions forming three groups.” The three groups are (1) a central core group, with the main/administration building, kitchen/dining hall, recreation building, and patient ward/treatment buildings or a similar combination of functions; (2) residential quarters, including manager’s/director’s residence, duplexes, and nurses’/attendants’ quarters; and (3) the maintenance/utility group, consisting of the boiler plant and associated stack, water tower, garages, warehouse, laundry, maintenance shops, and buildings with other support functions.<sup>164</sup>

### V.B U.S. Third Generation Veterans Hospitals

Due to the buildings constructed between 1950 and 1957, the VAMC-JB’s history extends into the Third Generation Veterans Hospitals Associated Property Type period of significance of 1946-1958. With an aggressive plan to address the exponential increase in veterans needing

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<sup>162</sup> Ibid.

<sup>163</sup> “Doctor Raps Stigma on Mental Illnesses,” no publisher, undated newspaper clipping, in 1952-1953 scrapbook pages. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Medical Media office.

<sup>164</sup> MPDF, 69.

services in the post-World War II era, the VA under Omar Bradley sought to build approximately 80 new hospitals and refurbish almost 50 existing ones, despite budget constraints and rising costs. Some hospitals, like VAMC-JB did not see the beginnings of their promised build-outs until the early 1950s, conjecturally because, as reported in the *New York Times*, “VA officials who drew up the program in the spring of 1945 were too optimistic when they estimated 1946 costs.”<sup>165</sup> The local media reported the gap in a matter-of-fact manner on January 21, 1950, stating “Plans to enlarge the Veterans Hospital at Jefferson Barracks to include a neuro-psychiatric division were announced in 1946, but the first definite word of plans, size and cost was given yesterday.”<sup>166</sup> As a national type, Third Generation MPDF documentation summarizes: “A VA hospital of this Third Generation period is one of three types: existing hospitals pressed into service, new hospitals designed by private architects, and new hospitals designed by VA architecture staff and based on standardized plans.” Some new veterans hospitals built post-World War II remained stylistically consistent with the designs of the Second Generation hospitals, but most were not. Under the Veterans Administration in the post-World War II period, a new centralized style of building developed – a change from the decentralized model with multiple buildings of the Second Generation Veterans Hospital campus, or even of the 1950s psychiatric facility construction at VAMC-JB. Instead, the “Bradley Hospitals” employed an urban-focused, multi-story, single-building design as their model in planning a massive building program to serve the 12.8 million World War II veterans released from military service by summer 1946. “Third Generation Veterans Hospitals were typically flat-roof, multi-story towers or H-shaped buildings built near existing medical schools, if possible.”<sup>167</sup> In the region also served by the VAMC-JB, a new hospital in the Bradley model was the VAMC-John Cochran in downtown St. Louis, opened in 1954. This downtown Third Generation hospital took the helm for the St. Louis area’s general medical and surgical care of veterans, with VAMC-JB’s new mission to focus on neuropsychiatric services.

## VI. Physical Characteristics and Integrity

### VI.A Introductory Summary and Analysis

VAMC-JB was constructed as an entirely new veterans hospital within the larger setting of Jefferson Barracks, of which the Jefferson Barracks National Cemetery and the Jefferson Barracks military post are currently listed on the NRHP. As documented below, VAMC-JB shares fully in the characteristics of U.S. Second Generation Veterans Hospitals. Planning for its transition to a neuropsychiatric-focused VA facility, a focus that it retains today, started during the final years of the period of significance for Second Generation hospitals, and actual construction of these later buildings occurred during the Third Generation Veterans Hospital period. However, with their prominent position at the head of the campus, closest to the bluffs of the Mississippi River, and assisted by the site’s topography, the Second Generation buildings

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<sup>165</sup> *New York Times*, “Cost of VA Hospitals May Rise Near Billion,” April 17, 1946, discussed “planned construction of seventy-four new hospitals and forty-six additions”; *New York Times*, “VA Revises Plans for 61 Hospitals: Bradley Cites Big Cost Rises but Says Space Will Not be Cut on Care of Patients,” August 2, 1947.

<sup>166</sup> *St. Louis Globe-Democrat*, “Institution for Vets to be at Barracks: Plans for VA Building in Vandeventer Place Are Not Affected,” Jan. 21, 1950.

<sup>167</sup> Third Generation MPDF, 17; MPDF, 70.

retain a dominant position on the campus. The buildings of the original construction period of 1922-23, and the buildings added from 1926-1940, embody the U.S. Second Generation Veterans Hospital associated property type (defined in the MPDF as extending nationally from 1919-1950) and thus are the focus of this study. (See Figure 7, Aerial View, 1929; and Figure 8, Aerial View, 1931.) A building from this latter period, Personnel Garage (Building 35), 1940, is the youngest of the nine buildings/structures that will remain following the planned campus redevelopment to modernize the medical facilities and expand the adjacent National Cemetery.

At the VAMC-JB, the shift of the hospital's mission from a general medical/surgical one to that of neuropsychiatric care in the early 1950s resulted in the construction of a new group of buildings northwest of the Second Generation core of the campus. These buildings were designed by a local, private architecture firm in a variation on the then-popular "International" architectural style. This group of buildings was not only geographically and architecturally distinct from the Second Generation buildings that made up the historic core, but they were altogether different in their functions. However, this shift in medical mission and construction program did not shift the main focal point of the campus away from the Second Generation buildings in the historic core (see Figure 9, Aerial view of northern VAMC-JB campus).

It is argued herein that "taking into consideration the various modifications occurring after the end of the period of significance," the original 1922-1940 campus and buildings (a component part of the larger VAMC-JB site) have integrity as a Second Generation Veterans Hospital. This portion of the VAMC-JB campus buildings "continue to communicate their sense of time and place as a complex constructed/utilized during the period of significance and the complex's connection to other hospitals of this typology," as is required under the MPDF. It especially fulfills the critical "feeling and association" component of integrity in this associated property type for a NRHP listing (location, design and setting, materials and workmanship, and feeling and association all compose integrity). As summarized in some detail by the MPDF for this property type: "Analyzing integrity of feeling and association should include . . . buildings of similar scale, materials, decorative features, and architectural styles creating a cohesive campus; buildings recognizable by function at each campus; similar buildings grouped by function into three if not distinct, then identifiable groups but also exhibiting evolving designs as the standardized plans for buildings changed from Period I [1919 to mid-1920s] to Period II [late 1920s-1950]; siting of the main/administration building [in VAMC-JB's case the Main Hospital Building (Building 1)] to serve as the focal point of the campus; the flagpole located in front of the main/administration building; and the campus setting, exhibiting its mature landscaping, open spaces (such as courtyards/quadrangles, parade grounds, lawns and golf courses) and water features, including lakes and ponds."<sup>168</sup>

It is further argued that the 15 new buildings completed at the VAMC-JB between 1952-1957 will not retain sufficient integrity as a Third Generation Veterans Hospital due to the pre-existing interior and exterior modifications made to its Third Generation buildings, as well as the campus realignment project (currently ongoing) that will remove 7 of the 11 major Third Generation buildings and the construction of new larger and higher-profile facilities in the Third Generation portion of the campus.

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<sup>168</sup> MPDF, 107.





**Figure 7. Aerial view, 1929.**

Train tracks on Mississippi River, foreground; Main Hospital, Building 1, in center of oval drive; Nurses' Quarters 1, Building 3, left on oval nearest trees and river; Administration Building, Building 2, on right. *Courtesy of VA Historic Preservation Office.*





**Figure 8. Aerial View, 1931.**

Late 1920s additions, looking north northwest, with buildings labeled by number, including the following discussed in text: Main Hospital, Building 1, with Flagpole, Structure 32, in front of entrance; Administration Building, Building 2; Nurses' Quarters 1, Building 3; Attendants' Quarters, Building 4; Original Laundry, Building 6; Neuropsychiatric Building, Building 25; Medical Officer in Charge Residence, Building 28; Duplex Personnel Building 2, Building 29.

*Courtesy of VA Historic Preservation Office.*



**Figure 9. Aerial view of northern VAMC-JB campus, ca. 1955**

Medical Rehabilitation Building 65 in foreground, facing Neuropsychiatric Hospital Infirm Building 51.

*Courtesy of VAMC-JB Medical Media.*

## **VI.B Application to a United States Second Generation Veterans Hospital Status and Summary of Features at VAMC-JB**

To have integrity the Second Generation Veterans Hospital must possess a combination of “seven aspects or qualities” which together “define integrity”: location, design, setting, materials, workmanship, feeling, and association.<sup>169</sup>

### **VI.B.1 Location**

VAMC-JB’s location in a distant portion of a major city (10 miles from downtown St. Louis) is not entirely consistent with common patterns at U.S. Second Generation Veterans Hospitals of the general medical and surgical type, which were often found closer to a city’s downtown or nearest suburban areas of their region, and closer, therefore, to patients, while still maintaining a natural landscape. The more scenic, large-scale campuses have often been associated with

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<sup>169</sup> *How to Apply*, 44.

hospital facilities of the neuropsychiatric type.<sup>170</sup> The availability of substantial acreage at a long-prominent, government-owned site in the outlying St. Louis County region facilitated the development of the U.S. Veterans Hospital there from its 1922 planning through its modern growth in the 21<sup>st</sup> century. VAMC-JB remains on its original site.

## **VI.B.2 Design and Setting**

As part of any discussion of physical and associative characteristics, it is important to look at the broadest effects of the property, and the manner in which the landscape as a whole, and individual buildings, coalesce. In landscape and vistas at VAMC-JB, there is a quiet grandeur to the campus setting. The existing architectural cohesiveness at the campus might best be considered not in tight detail, but within a broader configuration of elements giving a like-effect in form and massing. It has the Colonial Revival architectural “look” of institutional authority, confidence, and patriotism (enhanced by a characteristic centrally located flagpole), of a U.S. Second Generation Veterans Hospital. Individual buildings in the 1922-1940 portion of the campus have had alterations on the exterior – sometimes stripping away portions of already simple decorative elements, and made more plain with modern replacement elements affecting especially doors and windows – to improve patient access to buildings and overall safety. However, the pre-1950s development of the campus is nonetheless most memorable and character-defining. While building interiors have seen substantial changes over time, the exterior features of the pre-1950s campus dominate. The prominent setting of VAMC-JB, on a rise in the landscape above the Mississippi (visible even from the major highway-bridge crossing between Illinois and Missouri of Interstate 250/U.S. Highway 50), and the original 1922-1940 campus Colonial Revival, stucco-clad styling in a grassy campus, offers much of the visual evidence for its consideration as a U.S. Second Generation Veterans Hospital. Bluntly surmised in the Historic American Buildings Survey, the “draftsmen in the Supervising Architect’s Office” hadn’t been given leave to create buildings of stylistic purity or splendor in their 1922 plans for U.S. Veterans Hospital Jefferson Barracks: “Judging by the relatively plain exteriors of the buildings and the modest building materials used – reinforced concrete frames and stucco-clad masonry walls – it is clear that the Supervising Architect’s Office considered the VA Hospital, Jefferson Barracks, to be of fairly low importance in Wetmore’s hierarchy of federal buildings. The VA hospital campus at Jefferson Barracks was located in a fairly out-of-the-way portion of St. Louis County and did not meet any of the Treasury Department’s qualifications for high-style design and finishes.”<sup>171</sup>

### **VI.B.2.a Landscape and Buildings Summary**

VAMC-JB had a simple landscape design, and due to its river bank site, always had the natural beauty built-in. The reliance on the natural setting as it existed, albeit with clearing of some of the mature riverbank area tree cover provided open and grassy, verdant, peaceful areas. The Department of the Treasury’s drafting architect pointed out this planned alteration of the natural setting in the spring of 1922, claiming “The proposed hospital would face between south and southeast looking down the river. It is located on the highest and the only nearly level portion of land on the eastern section of the site. . . The growth of trees and a second growth which now

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<sup>170</sup> MPDF, 44.

<sup>171</sup> HABS No. MO-1943, 42.

obstruct the view from the hospital building will have to be thinned out somewhat. This second growth of young trees can be removed carefully and transplanted at various places around the main building. They are principally oak trees.”<sup>172</sup> This grooming of the site by thinning mature vegetation, and transplanting some smaller trees and plants, rather than the creation of a formal garden setting has had the positive effect, over historic time, of allowing a visual consistency, despite multiple building alterations to the setting of the original 1922-1940 campus. Additionally, this lack of attention to a formal landscape in hospitals of its type and period was not at all uncommon: “In terms of design, little formal landscaping was developed in the early 1920s for Period I hospitals designed by the Treasury Department . . . The primary goal was to quickly and efficiently construct the hospitals and transfer patients to the new permanent, fireproof buildings. Developing the landscape with formal planting plans to beautify the campus was not an important consideration at the time.”<sup>173</sup> The buildings’ form and massing as simple Colonial Revival institutional structures remains at VAMC-JB, despite alterations, and the same similarity to the original 1922-1940 “look” may be said for the overall landscape near the dominating Main Hospital Building (Building 1) and original 1922-1940 campus buildings, still situated at the head of the campus, with the 1950s portion of the campus situated behind it. As stated in the Historic American Buildings Survey, the 1922-1940 appearance is still recognizable: “Today, the lower portion of the campus retains many aspects of the original hospital plan including the layout of the buildings, the oval drive, and some remaining areas of the south lawn. New buildings were constructed in the 1920s and 1930s, but these buildings were similar in design to the initial 1922-23 facilities and were positioned in a way that preserved the character of the starting oval-shaped site plan.”<sup>174</sup> Some of the views afforded from the original 1922-1940 campus cannot change, because of the vistas permitted by the riverside site. Additionally, building placement has been determined by the presence of sinkholes and the rise in the landscape that the main drive follows. These factors also diminished the likelihood of incursions of structures that would fundamentally alter the spatial arrangements in the old, southern portion of the campus.

### ***VI.B.2.b Landscape Alterations and Parking***

Common alterations of medical facilities that have been expanded over multiple decades, such as removal of landscaping from the viewshed in order to increase parking spaces, have occurred at VAMC-JB. This overall landscape, in the case of the VAMC-JB, is inalterably bound on one side by a natural border (the Mississippi River), and on another by a permanent man-made border, Jefferson Barracks National Cemetery. The ceding of the grassy area within the oval-shaped drive has gradually occurred in the interest of parking, but with some elements of the configuration still discernible. From the 1922-1940 time period, buildings were constructed immediately on the oval drive or adjacent to those building directly on it to unify layout. With the rise not only of automobile culture in the United States during the period of significance for VAMC-JB, but the gradual increase in medical outpatient care, the veterans facility has experienced an increase in parking lot installations typical of Second Generation Veterans

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<sup>172</sup> W.G. Noll to the Office of the Supervising Architect (Treasury), March 20, 1922, “Proposed U.S. Veterans Hospital, Jefferson Barracks, St. Louis, Mo,” with hand-drawn sketch map. Archival Material, National Archives & Records Administration, Washington, D.C.

<sup>173</sup> MPDF, 75.

<sup>174</sup> HABS No. MO-1943, 4.

Hospitals. From the late 1920s through the 1930s, VAMC-JB shifted many services and features offered in the Main Hospital Building (Building 1) into dedicated buildings, such as the Neuropsychiatric Building (Building 25) in 1929, the Recreation Building (Building 24) in 1936, and Dining Hall (Building 23) in 1937. These new additions brought more patients and staff to the facilities, and residential living spaces with the building of the Nurses Quarters 2 (Building 18) in 1939, with its separate Personnel Garage (Building 35), built in 1940. The additions brought more parking spaces, but in a manner, due to the initial campus construction on a rise in the landscape and the natural border of the Mississippi River banks, that allowed for the continued presence of open, grassy spaces, highlighted by the massive Main Hospital Building (Building 1) and Flagpole (Structure 32), opening out to a greenspace to the south-southeast and mature trees bordering river bluffs to the east. VAMC-JB has always had outpatients, or short-term patients, first as a general medical and surgical hospital in the Second Generation period, and then after its 1950s hospital-type conversion to a neuropsychiatric facility, thereby perpetually requiring that consideration be given to parking in the overall campus plan. But also a consistent consideration, which has affected parking within the setting, is the 10 mile distance to downtown St. Louis. The project's foreman draftsman told the Treasury Department's supervising architect's office not only about road access for automobiles, but described the hour and a half train trip from Union Station, after which "It is then necessary to walk one and one-half miles."<sup>175</sup> The remote St. Louis County location is a factor that would have, in the case of acute patients, and their families, made driving desirable from the earliest possible time frame, whereas prior to the 1946 closure of the Jefferson Barracks depot, the train would have been a viable option for other patients and staff.

### ***VI.B.2.c Architectural Style***

The original 1922-1940 campus of VAMC-JB is fully consistent with the broad architectural design patterns established for this property type by the MPDF. The Colonial Revival style in the initial 1922-23 construction became somewhat more ornamental and larger in scale in the late 1920s-1940 construction period (the second period of Second Generation Veterans Hospital construction according to the MPDF) and is exemplified best on the VAMC-JB campus today by the still intact features of the Recreation Building (Building 24) auditorium. Summarized in the MPDF, the addition of a bit of grandeur and enhanced decoration illustrates the ways the "late 1920s appears to have been a transitional period in the design of main buildings on the campuses of the Second Generation Veterans Hospitals. As stated previously, the main buildings of the early 1920s (Period I), especially those constructed under the supervision of the Consultants on Hospitalization [Jefferson Barracks is included in the MPDF list of these facilities] . . . were usually two-story, H-shape buildings with minimal ornamentation. The main buildings of the late 1920s, those constructed in the Colonial Revival architectural style utilizing Classical Revival design elements, appear to be a step in the design evolution of this category of functional building. These main buildings began to be constructed as larger, monumental structures, and this period initiated the use of expressive, Classical Revival decorative elements. . ."<sup>176</sup> The decorative elements described in the MPDF for the property type appear throughout the 1922-

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<sup>175</sup>W.G. Noll to the Office of the Supervising Architect (Treasury), March 20, 1922. "Proposed U.S. Veterans Hospital, Jefferson Barracks, St. Louis, Mo" with hand-drawn sketch map, Archival Material, National Archives & Records Administration, Washington, D.C.

<sup>176</sup> MPDF, 58.

1940 VAMC-JB campus, and summaries of the type highlight features of the St. Louis campus, even today: “Colonial Revival architectural characteristics associated with Period I hospitals may include hip or gable roofs; brick or stucco exteriors [stucco in VAMC-JB’s 1922-1940 campus]; dormers; pediments with lunettes; simple molded or dentil cornices; symmetrical façade fenestration; projecting central pavilions; central façade door surrounds of stone or terra cotta [some of these have been replaced for modern patient accessibility requirements at VAMC-JB]; fanlights over secondary entries; tripartite windows; and windows filled with double-hung, multi-light sashes [many of these at VAMC-JB now contain modern replacement windows].”<sup>177</sup>

#### **VI.B.2.d Exterior Decoration**

The 9 buildings/structure that are contributing to the Second Generation Veterans Hospital property type for VAMC-JB are consistent with the patterns established for exterior decoration, according to the MPDF, in which only rudimentary Colonial Revival ornamentation existed, due to status as active medical facilities. As described in the outlined building features summary of physical characteristics and integrity (see Section VI.B.5.6 Second Generation Veterans Hospital Groupings of Buildings by Function bullet point summaries of features), VAMC-JB does not diverge from the basic patterns of exterior decoration for the hospital type according to the MPDF: “The buildings constructed for the Period I veterans hospitals exhibit limited exterior decoration, owing to the time constraints to open the hospitals and budgetary concerns. The decorative elements were normally confined to entry surrounds, keystones over façade window openings, and decorative brickwork usually found on the theatre/recreation buildings.”<sup>178</sup>

#### **VI.B.3 Materials and Workmanship: Extensive Alterations**

The materials and workmanship considerations may be seen as two of the most challenging categories of integrity for a facility like VAMC-JB, which has survived and continued functioning as an active provider of medical services for nearly ninety years, particularly in light of multiple interior changes. According to the Historic American Buildings Survey, all of the buildings under examination from the Second Generation Veterans Hospital period have experienced alterations to interior spaces, with most of the buildings entirely re-done. There is an undoubted repetition in the Historic American Buildings Survey descriptions of interiors having been completely remodeled, without traces of original features remaining, and with usage of totally modern materials (metal replacement windows, gypsum board walls, drop ceilings and fluorescent lighting, etc.). The interiors are functional, with characteristics not selected to provide parallel integrity with materials used in the past. Despite the range of interior upgrades and remodels, particularly for patient access and safety, it is believed enough character defining elements survive to make U.S. Veterans Hospital Jefferson Barracks eligible under the context of a U.S. Second Generation Veterans Hospital. In the case of VAMC-JB, one of the saving remnants that bears weight in terms of visual presentation of the designed space is the presence of stucco. The late 1920s to 1940 additions had followed the example of the initial 1922-23 construction in this regard: “All buildings added during this period had stucco-clad exteriors, and the more prominent buildings had porticoes and other features similar to the Main Hospital.”<sup>179</sup>

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<sup>177</sup> MPDF, 88.

<sup>178</sup> MPDF, 75.

<sup>179</sup> HABS No. MO-1943, 43.

That the stucco is being re-applied throughout the 1920s-1940 original campus in 2011 is an amelioration that lends cohesion to the Second Generation Veterans Hospital portion of the campus. This re-do in exterior finish helps obliterate differences in color tone and quality which developed over time on the building exteriors. The new stucco application returns a consistency in external presentation with the original Second Generation construction at VAMC-JB in the interwar years of the 1920s to the 1940s.

## **VI.B.4 Feeling and Association**

### ***VI.B.4.a Second Generation Veterans Hospital Sub-types***

The buildings constructed in the 1950s do not contribute to the Second Generation Veterans Hospital eligibility of the original and visually dominant 1922-1940 head of the campus.

An important defining feature of Second Generation Veterans Hospitals, as established in the MPDF, is a particular hospital's sub-type (Sub-type 1 Neuropsychiatric, Sub-type 2 Tuberculosis, Sub-type 3 General Medical and Surgical, Sub-type 4 Homes/General Medical Hospitals). VAMC-JB should be evaluated as a Sub-type 3, since for the Second Generation Veterans Hospitals period of significance, VAMC-JB remained a general medical facility, even though it underwent a conversion, or re-designation, to the neuropsychiatric hospital type in the 1950s.

### ***VI.B.4.b Second Generation Veterans Hospital Groupings of Buildings by Function***

Within the context of the general medical and surgical sub-type hospitals the "grouping of buildings according to associated functions" falls "into three identifiable if not totally distinct groups: central core group (with the main/administration building, kitchen/dining hall, recreation building, and patient ward/treatment buildings), residential quarters (including manager's/director's residence, duplexes, and nurses'/attendants' quarters), and the maintenance/utility group (consisting of the boiler plant and associated stack, water tower, garages, warehouse, laundry, maintenance shops, and the buildings with other support functions)."<sup>180</sup> How the buildings of similar broad functions were grouped together spatially at VAMC-JB revolved, in part, around the oval layout and landscaping element highlighted during the 1922-23 originating period of construction, and how much or how little of that oval layout element future building project creators felt comfortable retaining or discarding. The later 1920s and 1930s changes retained the oval layout, but it was impacted by the 1950s campus expansion, build-out, and mission change: "Starting in the 1950s, portions of the oval lawn, and the grass lawn between Nurses' Quarters 1 (and the Attendants' Quarters (Building 4), were replaced by asphalt parking lots. A portion of the initial oval lawn has been retained south of the Main Hospital, and some lawn and tree space has been retained around the edges of the campus. The replacement of trees and grass with asphalt reflects the mid-to-late-twentieth century's emphasis on the personal automobile, but the asphalt has also somewhat diminished the formal character of the lower portion of the 1922-23 campus."<sup>181</sup> This "formality" as described in Historic American Buildings Survey concerns the oval pattern of construction, with the original 1922-

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<sup>180</sup> MPDF, 104.

<sup>181</sup> HABS No. MO-1943, 4.



1940 buildings built on the oval drive or immediately adjacent to buildings that were on the drive, as opposed to a “formality” of landscaping elements including gardens. Natural-looking walking paths, grassy open areas, and mature trees (thinned out from their original river front density) characterized the space.

Following the proposed campus renovations and land transfer to the National Cemetery, eight buildings and one structure will remain as contributing buildings to the U.S. Second Generation Veterans Hospital property type for the VAMC-JB site. These buildings and their construction years are as follows (with the initial name presented following the Historic American Buildings Survey and initial campus nomenclature, and the parenthetical name, the current general naming convention at the campus for the same building), and they are further sub-divided by their “grouping of building by function status”:

**Central Core Group (Main/administration building, kitchen/dining hall, recreation building, and patient ward/treatment buildings)**

- Building 1: Main Hospital Building, 1922-23 (Clinics/Admin/Diag/Research). Note: This building at inception contained not only all patient/ward treatment facilities, but kitchen/dining hall and recreation building functions as well.
- Structure 32: flagpole, circa 1925-1934<sup>182</sup>
- Building 2: Administration Building, 1922-23 (Education)
- Building 25: Neuropsychiatric Building, 1929 (Outleased, National Canteen Service)
- Building 23: Dining Hall, 1937 (Shops/Prosthetics)
- Building 24: Recreation Building, 1936 (Canteen/Library/Auditorium)

**Residential Quarters Group**

- Building 3: Nurses Quarters 1, 1922-23 (Domiciliary)
- Building 18: Nurses Quarters 2, 1939 (Administration)

**Maintenance/utility group**

- Building 35: Personnel Garage, 1940 (Storage)

VAMC-JB shares the characteristic of having “Grouping by Function” for its campus buildings, which appears within other individual hospitals of the associated property type. The buildings are described in detail below, employing foundational research, analysis, and precise descriptions from the recently completed Historic American Buildings Survey.

*VI.B.4.b.1 Central Core Group*

**Building 1: Main Hospital Building, 1922-23 (Clinics/Admin/Diag/Research)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This three-story Neoclassical Revival-style H-plan building has a reinforced-concrete structural frame and a stucco exterior. The main entrance is on the bar of the H, on the south wall of the building, and it opens out onto a landscaped grass lawn. This building

<sup>182</sup> HABS No. MO-1943, p. 6 dating: “Although hospital facility lists date this flagpole location to 1952, maps and aerial photographs show that a flagpole was added to the site after 1925 but no later than 1934”; versus VA’s Historic Preservation Office dates a flagpole image as “1923 “Building #1 1923.pdf”

originally housed all general medical and surgical functions, as well as a kitchen, dining hall, recreation room, and administrative spaces.”<sup>183</sup>

- Location in Relationship to Other Buildings: “The Main Hospital (Building 1) is the central building of the original 1920s campus. . .The Main Hospital sits on a slight rise in elevation, so the area in front of the main portico on the south wall offers an elevated vista. . .Three 1920s and 1930s hospital buildings still frame what was once the main lawn, so a roughly symmetrical vista of the southern portion of the hospital campus is still visible when standing on the paved area around the flagpole. Originally, 1920s and 1930s hospital buildings framed the east and west sides of the lawn south of the main building; these buildings are still in their original locations, although most of the lawn is now paved in asphalt and used for parking.”<sup>184</sup>
- Materials and Workmanship (modifications and alterations):
  - This building at inception contained not only all patient/ward treatment facilities, but kitchen/dining hall and recreation building functions as well, and accordingly, has gone through multiple permutations over the years based alone on the fact of gradually de-accessioning purposes from its spaces, and having those functions taken over by dedicated buildings for the particular task or service. It was the original multi-purpose building.
  - It is a fact that extensive change in the interior is real for many of Central Core buildings that have been in use for nearly 90 years. And the Main Hospital Building falls within the stark Historic American Buildings Survey judgment on several Second Generation Veterans Hospital era buildings: “Particularly thorough remodeling has taken place in the Main Hospital (Building 1), the Administrative Building (Building 2), Nurses’ Quarters 1 (Building 3), and Nurses’ Quarters 2 (Building 18) – all of these buildings have either no original interior features at all, or the original features are limited to steel stairs.”<sup>185</sup>
  - The Main Hospital Building, in fact, is one of those with no remaining interior features: “The interior of the entire Main Hospital, including the central block and east and west wings, has been remodeled heavily and today has no traces of the original floor plan or the original finishes.”<sup>186</sup>
  - What it does have, however, is the correct outward, exterior style and architectural massing. “The buildings symmetrical H-shaped layout, with central pediment and flanking wings, reflected the symmetry popular at the time for many public buildings. The original decoration of the building included a central wood portico with Ionic columns on the façade, and pilasters and arched openings on the east and west wings . . . The exterior was ornamental, but this ornament was used sparingly.”<sup>187</sup> Some of this original ornamentation over the main entrance, however, was removed to create a modern vestibule that is a main visitor entrance, with an effort made to ornament the façade with columns and a fan-shaped feature even though originals were gone: “Over the main entrance are a metal canopy and a gabled portico with four columns that support a white

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<sup>183</sup> HABS No. MO-1943, 3.

<sup>184</sup> HABS No. MO-1943-A, 2.

<sup>185</sup> HABS No. MO-1943, 15.

<sup>186</sup> HABS No. MO-1943-A, 3.

<sup>187</sup> HABS No. MO-1943-A, 4.

entablature decorated with triglyphs. The columns, which clearly date to the last fifteen years, are composed of metal and have a white painted finish. The gabled pediment is clad in stucco and has a fan-shaped ornament and a white raking cornice. The fan-shaped ornament appears to be a recent prefabricated feature that replaced an original wood ornamental feature. To the right of the entrance vestibule, an original cornerstone. . .”<sup>188</sup>

▪ Feeling and Association:

- Characteristic architecturally, not only of H-plan main hospital buildings of this type, and consistent with the continuing use of a familiar Pavilion style hospital design which had been in use since the 19<sup>th</sup> century, the Main Hospital Building (Building 1), with its prominent location, authoritative yet welcoming central flagpole and the building’s enduring role throughout all decades in the provision of multiple and varied medical service to veterans, also illustrates the ideological emotional, and practical focus of the United States Second Generation Veterans Hospital.
- As intended in these buildings as a type, it is correct that at the U.S. Veterans Hospital Jefferson Barracks, “The main building served as the focal point of the campus.”<sup>189</sup> In design and function “General medical and surgical hospitals, according to an article in the October 1944 issue of *The Federal Architect*, were usually constructed at the time as a single building in an H-shape with return wings housing the administration and clinical offices, wards, and surgical rooms. The main building could possibly extend five stories in height,”<sup>190</sup> therefore, the three story (with a small fourth-floor penthouse) of the main hospital building falls within that pattern. Other features of the type included that “The surgical suites were placed on the top floor” for a quieter location; “Additional patient facilities found in a general medical and surgical hospital in the mid-1940s included the canteen; pharmacy; post office; hydrotherapy; laboratories; x-ray facilities; ear, nose, and throat office; dental office; eye examination room; chief medical officer’s office; ward rooms; and showers and toilets.”<sup>191</sup>
- This building, despite the fact that “The interior of the hospital has been remodeled many times and retains no aspects of the original floor plan or interior features,” nonetheless assumes the dominant position for buildings on the extant campus as representative of the U.S. Second Generation Veterans Hospitals, utterly characteristic in sharing the setting and projecting government authority as summarized in the MPDF assessment of these buildings as a type: “The majority of veterans hospitals from Periods 1 and II have the main/administration building located on a rise that allows this building to serve as the focal point of the campus, not only for the staff and patients of the facility but also when viewed by the public at large. This prominence within the landscape is a direct projection of the federal government’s stature in the vicinity, and from a public perspective, the vital work conducted by the facility in serving the health care needs of

<sup>188</sup> HABS No. MO-1943-A, 2.

<sup>189</sup> MPDF, 68.

<sup>190</sup> MPDF, 67.

<sup>191</sup> MPDF, 68.

veterans.”<sup>192</sup> This statement has applicability, but one could go further (as the previous historic context sections have suggested) that the entire setting of “Jefferson Barracks proper,” from the old post to the cemetery to the veterans facility, is the dominant projection of federal power, as dedicated to active soldiers and veterans, both dead and alive, past and present.

### **Building/Structure 32: Flagpole circa 1925-1934**

- **Historic American Buildings Survey Location/Design/Setting Summary Description:** “The flagpole is located in a landscaped area on the south side of the Main Hospital (Building 1). Although the hospital facility lists date this flagpole location to 1952, maps and aerial photographs show that a flagpole was added to this site after 1925 but no later than 1934.”<sup>193</sup> And this author also refers to a photograph of the flagpole in the collection of the VA Historic Preservation office, which dates a photo of the Main Hospital Building containing the flagpole to 1923, as a strong suggestion that it was part of the initial campus buildings, which would be typical of Second General Veteran’s Hospitals of government design.<sup>194</sup>
- **Location in Relationship to Other Buildings:** Directly in front of the Main Hospital Building (Building 1)
- **Materials and Workmanship (modifications and alterations):** Called simply a “tall metal mast” in the Historic American Buildings study, it is believed the current version is one of several replacements since a flagpole was first positioned at this dominant location on the campus in the 1920s. It is believed the extant flagpole is from the last twenty years.<sup>195</sup>
- **Feeling and Association:**
  - The below statement in the MPDF on Second Generation Veterans Hospitals is an outstanding representation of the meaning of the flagpoles as an emblem of these Second Generation Veterans hospitals: “One object located on each of the neuropsychiatric, tuberculosis, and general medical and surgical hospital campuses that should not be overlooked is the flagpole. The flagpole occupies a prominent position on each campus, usually directly in front of the main building.”<sup>196</sup> “As stated in the 1944 issue of *The Federal Architect* that focused on Veterans Administration hospitals, during the daylight hours each facility ‘flies/ the flag, a reminder of why the men are there and an eternal symbol of hope and rightness and confidence.’”<sup>197</sup>
  - The flagpole’s symbolic and prominent physical placement occurred, and is still present at VAMC-JB, where the Historic American Buildings Survey states of the flagpole and its Main Hospital Building partner, “There is a small area in front of Building 1 that contains lawn space and a small brick-paved memorial area that serves as the setting for the flagpole. The Main Hospital sits on a slight rise in elevation, so the area in front of the main portico on the south wall offers an

<sup>192</sup> MPDF, 93.

<sup>193</sup> HABS No. MO-1943, 6.

<sup>194</sup> “1923 “Building #1 1923.pdf”, VA HPO.

<sup>195</sup> HABS No. MO-1943-Q, 2.

<sup>196</sup> MPDF, 61.

<sup>197</sup> Edwin B. Morris, ed., “Editorial.” *The Federal Architect* 13, no. 1 (October 1944): 91. Quoted in Trent Spurlock, Karen E. Hudson, and Craig A. Potts, *National Register of Historic Places Multiple Property Documentation Form for United States Second Generation Veterans Hospitals*, 59-60.

elevated vista of what once was the main lawn, so a roughly symmetrical vista of the southern portion of the hospital campus is still visible when standing on the paved area around the flagpole.”<sup>198</sup>

### **Building 2: Administration Building, 1922-23 (Education)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This building is a three-story reinforced concrete-frame building with a stucco exterior and a rectangular plan. Originally constructed as the hospital’s main administration building, the facility may have later accommodated housing for nurses or hospital attendants.”<sup>199</sup>
- Location in Relationship to Other Buildings: “The building faces a large asphalt parking lot, with the former Nurses’ Quarters (Building 3) located on the opposite side of the lot.”<sup>200</sup>
- Materials and Workmanship (modifications and alterations):
  - It is a fact that extensive change in the interior is real for many of Central Core buildings, which have been in use for nearly 90 years. The Administration Building falls within the stark Historic American Buildings Survey judgment on several Second Generation Veterans Hospital era buildings: “Particularly thorough remodeling has taken place in the Main Hospital (Building 1), the Administrative Building (Building 2), Nurses’ Quarters 1 (Building 3), and Nurses’ Quarters 2 (Building 18) – all of these buildings have either no original interior features at all, or the original features are limited to steel stairs.”<sup>201</sup>
  - In the case of the Administration Building, “The building has a fairly plain exterior and little architectural detail. The interior of the Administration Building is now used for educational purposes and has been completely remodeled; no aspects of the original floor plan or interior finishes were observed inside the building.”<sup>202</sup>
  - There has been in this building, like the Main Hospital Building, an attempt to replace original decorative elements, even though they were scant from the start. These decorative touches are important to the observer walking the campus, and they are correct to the “sense” and “feeling” of Colonial Revival massing and general style, although some of the replacement details co-exist with modern styles, such as in the windows: “An arched fan motif sits above the center third-floor window and appears to be a synthetic replacement of original wood decorative trim. Above the recessed arch is a gabled pediment with a cornice and raking cornice . . . The hipped roof also features four arched dormers, each of which has a one-over-one replacement window.”<sup>203</sup>
- Feeling and Association: VAMC-JB falls into the category of some of the general medical and surgical hospitals that started operations with a separate Administration Building. Not all of the hospitals began operation that way, instead having the

<sup>198</sup> HABS No. MO-1943-A, 2.

<sup>199</sup> HABS No. MO-1943, 3.

<sup>200</sup> HABS No. MO-1943-B, 2.

<sup>201</sup> HABS No. MO-1943, 15.

<sup>202</sup> HABS No. MO-1943-B, 2.

<sup>203</sup> HABS No. MO-1943-B, 2.

administrative functions in the main hospital building.<sup>204</sup> The separate Administration Building at VAMC-JB, along with having the good effect of creating more space for dedicated patient services, also possessed the nearest Mississippi River positioning, which would make it a prime scenic landscape for non-patient visitors to the facility, and an attractive spot for executive functions.

### **Building 25: Neuropsychiatric Building, 1929 (Outleased, National Canteen Service)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This building is a three-story stucco-clad building constructed in 1929 as a psychiatric treatment facility for approximately 100 patients. By the 1950s, it was used as a general medical building and may have provided supplemental hospital ward space. Today, it accommodates offices for the medical center’s canteen service.”<sup>205</sup>
- Location in Relationship to Other Buildings: “The building faces an asphalt road and is positioned across the road from the east wing of the Main Hospital (Building 1).”<sup>206</sup>
- Materials and Workmanship (modifications and alterations):
  - Like the vast majority of building resources in the building groupings still extant at the VAMC-JB representing the United States Second Generation Veterans Hospitals, there is little left of original features. Full remodels, of course, are not uncommon in medical buildings as elsewhere mentioned, and in the case of the Neuropsychiatric Building “No original features were observed on any floor except a staircase that sits north of the main entrance and appeared to have original metal risers with recessed panels, and original treads.”<sup>207</sup>
  - As was true nationally in the second period of new construction at United States Second Generation Veterans Hospitals, the decorative element presence increased at this facility in the same time period, using more formal components of Neoclassical or Colonial Revival style. The façade is more ornate and recognizable as such even with remodeling alterations of features, which are a consistent reality on the campus. For example, “The transom of the center arched window opening is closed in, and the opening also features arched stucco trim with a keystone. Decoration around the arched window includes stucco stringcourses, pilasters, circular medallions, and recessed panels. The wood fan tympanum of the arched opening appears to be a piece of original wood ornament . . . A gable over the central window contains a triangular wood sunburst motif, along with a cornice and raking cornice.”<sup>208</sup>
- Feeling and Association:
  - Even though the St. Louis VA Medical Center, Jefferson Barracks Division, is currently missioned as a neuropsychiatric facility primarily, the first dedicated efforts to focus on neuropsychiatric treatment of veterans, as represented in architecture, is the 1929 Neuropsychiatric Building, which sits to the side of the Main Hospital Building (Building 1). As the hospital’s needs grew, so did the

<sup>204</sup> MPDF, 68.

<sup>205</sup> HABS No. MO-1943, 5.

<sup>206</sup> HABS No. MO-1943-M, 2.

<sup>207</sup> HABS No. MO-1943-M, 3.

<sup>208</sup> HABS No. MO-1943-M, 2.

decision to start developing specialized spaces on the campus instead of combining most services within the Main Hospital Building (Building 1).

- While a Period I hospital from the perspective of national trends of the United States Second Generation Veterans Hospital property type overall, Neuropsychiatric Building construction came in the Period II time frame starting in the late 1920s.
- This Neuropsychiatric Building construction in 1929 occurred within that broader national pattern of Second Generation Veterans Hospital development of additional construction to the initial post-World War I campuses (not to mention construction of entirely new campuses elsewhere), and spearheaded a sequence of changes that occurred on the campus, all leading to expansion, and, by extension, prefiguring the larger growth, specialization, and ultimate conversion to a neuropsychiatric facility that could handle larger capacity of patients and staff.
- But while a change in structure of the hospital was nascent in the creation of the first separate patient/ward treatment buildings, similar materials and Colonial Revival design elements were often employed, as was the case at VAMC-JB. As was not uncommon with other general medical and surgical hospitals “other than the main/administration building, only a single patient ward building, or no building at all, was constructed on the campus during the period of significance.”<sup>209</sup> Interestingly, the one constructed at VAMC-JB foretold the overall future mission of the facility with its present-day focus on neuropsychiatric care.

### **Building 23: Dining Hall, 1937 (Shops/Prosthetics)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This building is a single-story reinforced-concrete building clad in stucco, with a flat roof. Before this building was constructed in 1937, the dining hall was located in the Main Hospital building. The Dining Hall (Building 23) continued to serve as a kitchen and dining facility through the 1990s, but today it is a maintenance shop and prosthetics building.”<sup>210</sup>
- Location in Relationship to Other Buildings: The building sits immediately behind the Main Hospital building, and is linked, and was from inception, by original 1922-1940 campus connecting corridors, between the following buildings: “The connector on the south wall of the Dining Hall leads to the Main Hospital (Building 1), and the connector on the north wall leads to the former Attendants’ Quarters (Building 4).”<sup>211</sup>
- Materials and Workmanship (modifications and alterations): This building has a mixture of original and remodeled finishes, most being remodeled. “The lower level of the interior retains some aspects of the original floor plan and some exposed structural elements, but the upper floor has been heavily remodeled and contains no original interior finishes.”<sup>212</sup>

<sup>209</sup> MPDF, 86.

<sup>210</sup> HABS No. MO-1943, 7.

<sup>211</sup> HABS No. MO-1943-K.

<sup>212</sup> HABS No. MO-1943-K.

- Feeling and Association:
  - VAMC-JB in its initial 1922-1923 construction did not have a separate Kitchen/Dining Hall facility, but instead, as was common for general medical and surgical facilities, had it contained within the Main Hospital Building (Building 1).
  - The new dining hall was part of a series of new construction that occurred during 1930s expansions explored in the broader historic context and part of the transition from the multi-purpose main hospital building to more dedicated structures and spaces. This addition was constructed immediately behind the Main Hospital Building (Building 1) to best serve patients.
  - The creation of a separate dining hall is one of the keystone additions which opened-up possibilities for changes in service types and volume of service provided to veterans in the 1930s. A domino effect seemed to result with the decision to start dedicating more campus buildings to specialized functions. As the Historic American Buildings Survey described it from the perspective of the Dining Hall addition, “In 1936-1937, the addition of the Dining Hall (Building 23) and the Recreation Building (Building 24) allowed former dining and recreation space in the Main Hospital Building (Building 1) to be converted to space for additional medical treatment facilities. This facility expansion likely led to the need for more nurses at the hospital, which in turn led to the construction of Nurses’ Quarters 2 in 1939.”<sup>213</sup>

#### **Building 24: Recreation Building, 1936 (Canteen/Library/Auditorium)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “Built in 1936, this facility is a three-story reinforced-concrete-frame building clad in stucco and is in the Neoclassical Revival style. Recreation activities were housed in the Main Hospital before this building was completed. This facility served as the recreation building through the 1950s and featured a large theater space; today, the Recreation Building houses a canteen, library, and auditorium.”<sup>214</sup> The Recreation Building is important to the campus because of the highly articulated decorative elements in this auditorium: “One of the few high-style pre-1940 interior spaces left at the medical center is the fairly intact Neoclassical Revival auditorium space in the Recreation Building (Building 24).”<sup>215</sup>
- Location in Relationship to Other Buildings: “The building is situated west of the Main Hospital (Building 1) and faces landscaped-lawn areas to the south and west.”
- Materials and Workmanship (modifications and alterations):
  - As a building that hasn’t been a designated location for patient care over the years, and accordingly not in need of remodels in accordance with current medical practice at any given time period, or remodels at the same pace and thoroughness of the interiors of buildings that have provided active medical service to veterans for nearly 90 years, the Recreation building fits within the generalizing statement of the Historic American Buildings Survey that “the least

<sup>213</sup> HABS No. MO-1943-J, 2-3.

<sup>214</sup> HABS No. MO-1943, 7.

<sup>215</sup> HABS No. MO-1943, 15.



altered buildings at the medical center tend to be the recreational, maintenance, and support buildings.”<sup>216</sup>

- The auditorium of the Recreation Building, in particular, is singled out in regard to its authenticity: “The second-floor auditorium space retains original wood Neoclassical Revival doors and wood trim and is one of the only remaining intact pre-World War II interior spaces on the medical center campus.”<sup>217</sup>
- Other spaces have been replaced as described by the Historic American Buildings Survey: “The interior has been completely remodeled except for an auditorium on the second floor that is fairly intact, and a staircase and some other small second-story rooms that contain some original features.”<sup>218</sup> The auditorium of the VAMC-JB Recreation Building is consistent within MPDF statements on the property type which suggest that spaces for social and recreational functions can be the least altered on campuses – as opposed to areas for actual patient care and modern administrative functions, which tend to have frequent remodels.
- Feeling and Association:
  - “The recreation buildings of the Second Generation Veterans Hospitals constructed during Period II,” and in the case of U.S. Veterans Hospital Jefferson Barracks, the period from the late 1920s through late 1930s of additions to the initial campus, “were usually second only to the main building in terms of exterior Colonial Revival architectural decorative elements. Commonly constructed on a raised basement, the recreation buildings had an auditorium on the first floor. The auditorium had a stage for traveling shows and equipment for showing of movies. The floor of the auditorium could be used for flower shows, banquets, parties, and other purposes.”<sup>219</sup>
  - While VAMC-JB construction origins and initial 1922-23 campus buildings were in the first period of Second Generation Veterans Hospital construction nationally, which ran from 1919-mid-1920s, its Recreation building fits within Period II construction nationally of the late 1920s-1950, and certainly follows some of the Colonial Revival monumentality inherent in these later facilities and building types. The construction, almost a decade out from the end of World War I, didn’t have the same requirement of haste found in the establishment of new Period I hospitals, like VAMC-JB of the initial 1922-23 period. The Recreation Building, especially, of the buildings at VAMC-JB constructed in the second main period for Second Generation Veterans Hospitals, marks a transition that was present nationwide in these types of facilities. “The late 1920s appears to have been a transitional period in the design of main buildings on the campuses of the Second Generation Veterans Hospitals. As stated previously, the main buildings of the early 1920s (period one), especially those constructed under the supervision of the Consultants on Hospitalization . . . were usually two-story, H-shape buildings with minimal ornamentation. The main buildings of the late 1920s, those constructed in the Colonial Revival architectural style utilizing Classical Revival design elements, appear to be a step in the design evolution of

<sup>216</sup> HABS No. MO-1943, 15.

<sup>217</sup> HABS No. MO-1943-L, 1.

<sup>218</sup> HABS No. MO-1943-L, 2.

<sup>219</sup> MPDF, 63.

this category of functional building. These main buildings began to be constructed as larger, monumental structures, and this period initiated the use of expressive, Colonial Revival decorative elements. . . .”<sup>220</sup>

- In sum, the characterization of increased Colonial Revival elements as the Second Generation Hospital period advanced is expressed within the Recreation Building at VAMC-JB, built in 1936 alongside the Main Hospital Building (Building 1) of 1922-23. These features are particularly demonstrated in the auditorium of the facility, and its outward decorative elements of “Neoclassical door casings with dog-eared corner moldings on the wood trim . . . capped with dentiled cornices, while one opening is topped with a gabled pediment. The room also features a large original stage, paneled wood doors, and original wall openings on each side of the stage, with the openings filled with original decorative metal grilles.”<sup>221</sup>

#### VI.B.4.b.2 Residential Quarters Group

##### **Building 3: Nurses Quarters 1, 1922-23 (Domiciliary)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This building is a two-story reinforced-concrete-frame building with a stucco exterior and a rectangular plan. The building originally featured central porches on both the east and west walls. At first, the building served as quarters for nurses but later accommodated both nurses and hospital attendants.”<sup>222</sup>
- Location in Relationship to Other Buildings: “The building faces a large asphalt parking lot and sits across the parking lot from the former Administration Building (Building 2).”<sup>223</sup>
- Materials and Workmanship (modifications and alterations):
  - It is a fact that extensive change in the interior is real for many of original 1922-1940 campus buildings that have been in use for nearly 90 years. Nurses Quarters 1 falls within the stark Historic American Buildings Survey judgment on several Second Generation Veterans Hospital era buildings: “Particularly thorough remodeling has taken place in the Main Hospital (Building 1), the Administrative Building (Building 2), Nurses’ Quarters 1 (Building 3), and Nurses’ Quarters 2 (Building 18) – all of these buildings have either no original interior features at all, or the original features are limited to steel stairs.”<sup>224</sup>
  - This building had simplicity like the initial 1922-1923 campus, “The design of Nurses’ Quarters 1 is modest but reflects Neoclassical Revival influence. The early twentieth century had seen a revival of Italian Renaissance and English Palladian architectural design, as well as other forms of European Classical design. In addition, the era of the 1920s was the beginning of a period in which interest in American Colonial architectural forms also reached a climax . . . As it existed originally, Nurses’ Quarters 1 would have had a fairly simple

<sup>220</sup> MPDF, 57.

<sup>221</sup> HABS No. MO-1943, 3.

<sup>222</sup> HABS No. MO-1943, 3.

<sup>223</sup> HABS No. MO-1943-C, 2.

<sup>224</sup> HABS No. MO-1943, 15.

Neoclassical Revival exterior. The building had a hipped roof and a symmetrical façade centered on a wood hipped-roof porch.”<sup>225</sup> The later removal of the porch and replacement with a two-story shed roof near the center of the facade being one of the more difficult additions in the property visually.

▪ Feeling and Association:

- Typical to their associated property type, the staff residential buildings at VAMC-JB are a characteristic property feature or building resource: “Nurses/attendants’ quarters are common buildings found at many of the Second Generation Veterans Hospitals. The nurses/attendants’ quarters are normally located within the residential quarters group of buildings and are composed of two- or three-story rectangular block, although the actual design differs at the various facilities.”<sup>226</sup>
- Due to VAMC-JB’s location 10 miles away from the city’s downtown, which would have been a more common setting for general medical and surgical hospitals due to accessibility, VAMC-JB developed its own residential quarters history that might be considered more typical for a Second Generation Veterans Hospital neuropsychiatric facility (a facility type VAMC-JB did not become until the 1950s), and a facility type that was more likely to have been constructed in more remote locations.
- Like neuropsychiatric facilities of the period, VAMC-JB provided residential quarters that could house such individuals as management or upper level employees in several detached residences, as well as dormitory-styled buildings for staff such as nurses and attendants. While the officers and higher-level facilities at VAMC-JB are represented in three buildings that have been demolished, it is the larger structures, or dormitory-style buildings, that remain in the functional grouping for this associated property type: “The unmarried nurses and attendants lived in separate dormitory buildings that were usually rectangular in shape and two or three stories in height.”<sup>227</sup>
- In neuropsychiatric facilities these residential quarters for staff were separated from buildings providing patient and administrative service; in a general medical and surgical hospital like VAMC-JB, the need for distancing did not seem to be felt as acutely, as the distancing was not great, although there was the provision of additional mature landscape, due in part to the proximity to the Mississippi River and cover of mature trees on the property.

**Building 18: Nurses Quarters 2, 1939 (Administration)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “Erected in 1939, this building is a three-story reinforced-concrete-frame stucco-clad building that was constructed to allow larger numbers of nurses to live on-site at the hospital. The completion of Nurses Quarter 2 also allowed other buildings to be converted to new uses. By 1948, Nurses Quarters 1 (Building 3) had been converted into attendants’ quarters, which cleared the way for the former Attendants’ Quarters (Building

<sup>225</sup> HABS No. MO-1943-C, 2-3.

<sup>226</sup> MPDF, 87.

<sup>227</sup> MPDF, 63.

- 4) to be converted to the Colored Patients' Building, a segregated hospital for African American patients."<sup>228</sup>
- Location in Relationship to Other Buildings: "The building is located in a linear pattern behind the original Nurses Quarters 1, closest to the river of all the hospital's buildings."
  - Materials and Workmanship (modifications and alterations):
    - It is a fact that extensive change in the interior is real for many of the original 1922-1940 campus buildings that have been in use for nearly 90 years. Nurses Quarters 2 building falls within the Historic American Buildings Survey conclusion that "[p]articularly thorough remodeling has taken place in the Main Hospital (Building 1), the Administrative Building (Building 2), Nurses' Quarters 1 (Building 3), and Nurses' Quarters 2 (Building 18) – all of these buildings have either no original interior features at all, or the original features are limited to steel stairs."<sup>229</sup>
    - Nurses Quarters 2 falls in the category of retaining its central staircase: "All original aspects of the original interior have been removed except for one staircase, which opens into the central hallway and has stairs with paneled metal risers. These risers, the stair treads, and other structural elements of the staircase are original. All other original features of the interior have been destroyed."<sup>230</sup>
  - Feeling and Association:
    - Due to VAMC-JBs location 10 miles away from downtown St. Louis, VAMC-JB developed its own residential quarters history that might be considered more typical for a Second Generation Veterans Hospital neuropsychiatric facility (a facility type VAMC-JB did not become until the 1950s), and a facility site that was more likely to have been constructed in more remote locations (see Nurses Quarters 1 description, as well)."<sup>231</sup>
    - While in neuropsychiatric facilities these residential quarters were separated from buildings providing patient and administrative service, in a general medical and surgical hospital like VAMC-JB, the need for distancing did not seem to be felt as acutely, as the distancing was not great; there was also the provision of additional mature landscape, due in part to the proximity to the Mississippi River and forest cover of the property.
    - In a summary for the later period of hospital development, which encompassed the Jefferson Barracks U.S. Veterans Hospitals building starting in the late 1920s and 1930s, "Because of the smaller campuses and workforce required for general medical and surgical hospitals [compared to other types of hospitals], fewer residential quarters buildings are located at the Period II hospitals. The proliferation of the automobile may also have created less need for housing employees on campus."<sup>232</sup>
    - Instead of having a diminished amount of residential space in the later periods of growth for Second Generation Veterans Hospitals, VAMC-JB actually expanded its space, although this was in part attributed to the change in function of the

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<sup>228</sup> HABS No. MO-1943, 7.

<sup>229</sup> HABS No. MO-1943, 15.

<sup>230</sup> HABS No. MO-1943, J, 2-3.

<sup>231</sup> MPDF, 63.

<sup>232</sup> MPDF, 82.

former main attendant's quarters into a segregated hospital – gaining, thereby, residential space for patients, and losing some for staff.

#### VI.B.4.b.3 Maintenance Utility Group

#### **Building 35: Personnel Garage, 1940 (Storage)**

- **Historic American Buildings Survey Location/Design/Setting Summary Description:** “This building is a single-story stucco-clad garage with load-bearing masonry walls and a shed roof. The building was constructed in 1940 to house motor vehicles owned by residents of the nearby Nurses Quarters 2 (Building 18). Today the Personnel Garage is used for storage.”<sup>233</sup>
- **Location in Relationship to Other Buildings:** “The Personnel Garage is located across an asphalt drive from the west side of Nurses’ Quarters 2 (Building 18) and is also close to Nurses’ Quarters 1 (Building 3).”<sup>234</sup>
- **Materials and Workmanship (modifications and alterations):** “The interior consists of eighteen garage bays. The façade originally featured a series of paneled wood double garage doors, but these have been replaced by conventional metal overhead garage doors that clearly date to the last thirty years.”<sup>235</sup> Upon building it was constructed to match the nearby Nurses’ Quarter 2 (Building 18): “The Personnel Garage was built of brick, with the brick walls covered with stucco on the building’s exterior so it would match Nurses’ Quarters 2 and other stucco-clad buildings of the hospital campus.”<sup>236</sup>
- **Feeling and Association:**
  - Typical to the overall Second Generation Veterans Hospital as an associated type, for utility structures, “Another building commonly found at Second Generation Veterans Hospitals within the residential quarters group is the multi-bay garage. The garages were for the employees residing on the campus. Usually constructed of structural tile or concrete block, the garages commonly have shed roofs and a window or vent along the rear elevation for each façade bay.”<sup>237</sup>
  - A feature present on military reservations and veterans hospitals would have been personnel garages. During time periods when hospitals like VAMC-JB maintained large residential quarters for staff, these garages would prove helpful to staff in inclement weather, just as being able to live on the campus, rather than having a long commute to and from a St. Louis neighborhood would have. As the MPDF summarizes, “Garages are another common building found at both Army posts and Second Generation Veterans Hospitals during the first half of the twentieth century . . . Multiple-bay garages are commonly associated with officers’ and NCO quarters, usually to the rear of the residences.”<sup>238</sup>
  - The Personnel Garage’s closeness to only the Nurses’ Quarter 2 building, not other utility structures, illustrates the common sense reality regarding the groupings of buildings by function for the Second Generation Veterans Hospital

<sup>233</sup> HABS No. MO-1943, 7.

<sup>234</sup> HABS No. MO-1943-R, 2.

<sup>235</sup> HABS No. MO-1943-R, 2.

<sup>236</sup> HABS No. MO-1943-R, 2.

<sup>237</sup> MPDF, 87.

<sup>238</sup> MPDF, 44.

properties – in selected instances individual structures from different groups can exist side-by-side.

- The garage, ultimately, represents a fluid quality for this associated property type in the manner in which these building of function groupings may work together or be present on individual campuses. As stated in the MPDF, regarding the associated property type as a whole, “So while the three groups should be visibly identifiable, they may not be spatially distinct. Additionally, not all campuses retain all three groups of buildings associated by function.” In certain examples, a campus may only retain single structures of the group. Despite the loss of a portion or the entirety of a group of buildings, a district may remain eligible if sufficient integrity remains throughout a portion of the campus.”<sup>239</sup>
- In the case of VAMC-JB, it is the existence of this garage, represents the Maintenance/Utility Group, and would need to be accepted as the sole contributing resource in a building function group.

#### *VI.B.4.b.4 Second Generation Veterans Hospitals Buildings Slated for Demolition*

The nine buildings in the demolition scheduling at VAMC-JB, and discussed in detail for the future historic record in the Historic American Buildings Survey report, are not of focus in this historic context since they will not be contributing resources to any potential National Register nomination. They are as follows:

#### ***Residential Quarters Group***

##### **Building 4: Attendants’ Quarters, 1922-23 (Storage/Vacant)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “Located directly behind the Main Hospital, this building is a two-story reinforced-concrete-frame stucco-clad facility with a long rectangular plan and central porch. Originally constructed as quarters for the attendants, by the late 1940s, the building had been converted to the Colored Patients Building, a segregated hospital for African American patients. The building served that function through the 1940s but was converted to administrative and educational space after VA hospitals were integrated in the 1950s.”<sup>240</sup>

##### **Building 27, Duplex Personnel Building 1, 1929 (demolished); Building 29, Duplex Personnel Building II, 1929 (demolished)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “These two buildings are identical single-story brick-masonry two-family residences that are part of a group of three residential buildings. Located on a hill, these buildings are separate from the other hospital buildings.”<sup>241</sup>

##### **Building 28, Medical Officer in Charge Residence, 1929 (demolished)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This building is a single-story masonry single-residence constructed for the Medical

<sup>239</sup> MPDF, 104.

<sup>240</sup> HABS No. MO-1943, 3.

<sup>241</sup> HABS No. MO-1943, 6.

Officer in Charge (the director) of the hospital complex. The residence is part of the group of three residential buildings that also includes two duplexes.”<sup>242</sup>

### ***Maintenance/Utility Group***

#### **Building 6, Laundry, 1922-23 (Warehouse)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This building was the first of three laundry buildings at the hospital. It is a single-story stucco-clad building with an H-plan and a reinforced-concrete structural frame. The building served as the hospital laundry until a new laundry was built in the early 1950s. After 1952, the original laundry (Building 6) was used as a warehouse.”<sup>243</sup>

#### **Building 5: Boiler House, 1922-23 (Engineering Shops)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This building is the hospital’s original boiler house and is a single-story stucco-clad building with a reinforced-concrete structural frame. Located directly behind the Attendants’ Quarters, outside the oval drive, the building served as a boiler house until the new Boiler House 2 (Building 70) was built in 1950-52 as part of the hospital’s expansion. At that time, Boiler House 1 (Building 5) was remodeled into a maintenance facility.”<sup>244</sup>

#### **Building 7: Garage, 1922-23 (Engineering/Warehouse)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This facility is a single-story building with a reinforced-concrete frame and a stucco exterior. The building has a south wing that has been used for maintenance facilities and as a garage, and a north wing addition that has always been used as a warehouse.”<sup>245</sup>

#### **Building 8: Storehouse, 1926 (Warehouse)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “A single-story stucco-clad building constructed in 1926 as a support facility, this building continues to serve as a warehouse.”<sup>246</sup>

#### **Building 17: Engineering Maintenance Office (Engineering Shops)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “This office is a single-story gabled stucco-clad facility with brick load-bearing walls. The building was constructed in 1935 and used as an engineering facility.”<sup>247</sup>

The buildings scheduled for demolition are located not at the Mississippi River facing head of the original 1922-1940 campus, but at its outer reaches and edges (the back side of the original oval). The to-be-demolished segments are physically closest to the 1950s Modern construction in the northern portions of the campus. Attendants’ Quarters (Building 4) is the final non-Maintenance/Utility building, in terms of geographical placement, before the cluster of Maintenance/Utility buildings at the rear of the oval. The three small residential buildings,

<sup>242</sup> HABS No. MO-1943, 6.

<sup>243</sup> HABS No. MO-1943, 4.

<sup>244</sup> HABS No. MO-1943, 3.

<sup>245</sup> HABS No. MO-1943, 4.

<sup>246</sup> HABS No. MO-1943, 5.

<sup>247</sup> HABS No. MO-1943, 7.

already demolished, on the farthest eastern portion of the original 1922-1940 campus, adjoin the National Cemetery. It is believed that the above demolitions will not compromise overall integrity of any NRHP listing of the VAMC-JB because of their remoteness from the head of the original 1922-1940 campus, and because the utilitarian quality of the bulk of these buildings (five are in the Maintenance/Utility group) had never been as character-defining in terms of Second Generation Veterans Hospitals design, setting, and location as prominently placed Colonial Revival structures.

## **VI.C Application to a United States Third Generation Hospital Status and Summary of Features at VAMC-JB**

Like the Second Generation Veterans Hospitals, to be eligible for the NRHP, a Third Generation Veterans Hospital must possess a combination of the seven aspects of integrity: location, design, setting, materials, workmanship, feeling, and association.

### **VI.C.1 Location**

The Third Generation Veterans Hospital buildings constructed at the VAMC-JB in the early 1950s as part of the hospital's conversion to a neuropsychiatric hospital were not completely consistent with the placement of such facilities generally after World War II. New hospital facilities of this time period were typically constructed "near urban centers, associated with medical schools" and were usually constructed in a single, multi-story tower.<sup>248</sup> As stated in the Third Generation MPDF, the VA had historically located its neuropsychiatric hospitals in "rural locations that allowed for large campus-like hospitals comprised of multiple low-rise structures."<sup>249</sup> Since the VA determined to retain this overall trend in the construction of Third Generation neuropsychiatric and tuberculosis hospitals, it is perhaps not surprising the Third Generation buildings were constructed on available land at the VAMC-JB. The design reforms called for single- and two-story detached buildings constructed in a small campus setting or a cluster, to provide patients with ample access to the outdoors.

### **VI.C.2 Design and Setting**

The Third Generation buildings of the VAMC-JB are not only spatially separate from the original buildings, but were designed in a completely different architectural style known generally as "International," which emphasized horizontal massing, bands of windows and contrasting masonry, little or no architectural ornamentation, and flat roofs. Eight major buildings, each with separate and distinct purposes, were constructed in 1951-52 in a small, almost self-contained cluster northwest of the Second Generation group of buildings, along with smaller support and utility buildings and structures:

- Laundry Building 2 (Building 48)
- the Neuropsychiatric Hospital Admissions Building (Building 50)
- the Neuropsychiatric Hospital Infirm Building (Building 51)

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<sup>248</sup> Third Generation MPDF, 1.

<sup>249</sup> Third Generation MPDF, 27.



- the Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52)
- the Neuropsychiatric Hospital Disturbed Building (Building 53)
- Kitchen (Building 60)
- Chapel (Building 64)
- the Medical Rehabilitation Building (Building 65)
- the Boiler House 2 (Building 70)

Two additional buildings, the Special Services Building (Building 61) and the Therapeutic Exercise Building (Building 63), were constructed in 1957. These new patient care buildings were not constructed to take advantage of the views along the river bluff, but were located in a previously undeveloped part of the VAMC-JB to provide patients with light and plenty of access to the outdoors. Even with a near doubling of the VAMC-JB's built environment during the early 1950s, the main focal point of the campus did not shift to the Third Generation buildings.

### ***VI.C.2.a Landscape and Buildings Summary***

As stated above, VAMC-JB originally had a simple landscape design, with formal landscaping confined to locations such as areas near entrances, and taking full advantage of the views from the bluff overlooking the river. The Third Generation buildings constructed in the 1950s did little to alter this simple philosophy. The majority of the main Third Generation buildings were designed in the "International" Style by the firm Jamieson & Spearl. The landscape surrounding these new buildings was designed by John Noyes. Aside from including small, enclosed gardens in the rear of each of the patient care buildings, and planter boxes around the chapel, Noyes employed a naturalistic philosophy that included screening and creating vistas with trees and smaller plants. Among the landscape improvements, two concrete structures (Lower Concrete Pad, Building 44, and the Observation Deck, Building 45) were also constructed in 1952 along the bluff overlooking the river to the southeast of the Main Hospital Building (Building 1), separate from the other Third Generation buildings. Both of these objects will be retained during the campus realignment/major construction project.

The placement of the buildings appears to have been an attempt to fit the required buildings into a space that needed minimal clearing and grading. Historic aerial photographs indicate the developed area was relatively flat and open compared, for example, to the area immediately west of the Recreation Building (Building 24). These placement decisions pushed the new development northwest of the original core of the campus, necessitating the construction of hundreds of linear feet of connecting corridors. The spatial limitations of this part of the campus may also suggest why some Third Generation buildings are oriented north-south while others are oriented east-west.

### ***VI.C.2.b Architectural Style***

Before and just after the close of World War II, numerous stories about medical care at VA hospitals made national news. The issues at the root of the problems can be summed up as involving a slow-moving bureaucracy, a lack of modern facilities, and personnel policies that discouraged young doctors and innovative practices. Once General Omar Bradley was named Administrator of the VA in August, 1945, he acted quickly and forcefully to reform the VA.

Collectively known as Third Generation hospitals, new facilities were constructed or created under Bradley's tenure in three ways: existing hospitals, such as surplus Army or Navy hospitals, pressed into service, new hospitals designed by private architects, and new hospitals designed by VA's design and construction staff and based on standardized plans.<sup>250</sup> Coupled with a nationwide campaign to build a modern public healthcare infrastructure, the VA construction program provided for an opportunity to design and build hospitals and healthcare buildings using the most current medical ideas and modern architectural styles.

The Third Generation mental health buildings constructed in the 1950s at the VAMC-JB are consistent with the broad architectural patterns established for this property type by the Third Generation MPDF. The buildings constructed as part of the shift of the VAMC-JB to a neuropsychiatric hospital after World War II were designed by a private firm, Jamieson & Spearl, in the then-popular "International" architectural style. Because psychiatric and tuberculosis patients usually required longer stays than general medical or surgical patients, hospitals focused on their care were designed for extended patient stays, and included buildings for recreation, chapels, and occupational therapy/training.

Unlike the Colonial Revival style used in the design of the original part of the campus, the Third Generation buildings at the VAMC-JB are nearly devoid of external architectural ornamentation. The "International" architectural style rejected artificial symmetry, but could include a balanced exterior façade, and, as expressed at the VAMC-JB, emphasized horizontal lines, with bands of windows and contrasting masonry. In some ways, these new buildings recall the "H" shape of early VA buildings (such as the Main Hospital Building, Building 1), but otherwise have little in common with them other than their general healthcare function.<sup>251</sup>

### **VI.C.3 Materials and Workmanship**

The Third Generation buildings, like nearly all the buildings on the VAMC-JB campus, have undergone some level of renovation and alteration, reflecting changes in medical practices since their early 1950s construction. Aside from replacement windows and doors and small additions, most of the exteriors of these buildings retain much of their original materials and workmanship. The two exceptions are the Neuropsychiatric Hospital Infirm Building (Building 51), which had a large addition constructed on its rear that more than doubled its overall footprint, and the Neuropsychiatric Hospital Disturbed Building (Building 53), which was renovated for a nursing home unit in the 1990s, including the addition of triangular brick parapets.<sup>252</sup>

The integrity of the interiors of the Third Generation buildings varies greatly. The interiors of the Kitchen (Building 60), Special Services Building (Building 61), the Boiler House 2 (Building 70), and Therapeutic Exercise Building (Building 63) have all remained mostly intact. Within the Neuropsychiatric Hospital Admission Building (Building 50), only the lobby areas on all floors retain original materials, while much of the rest of the building has been heavily renovated over the years. The Medical Rehabilitation Building (Building 65) also exhibits some corridors and rooms that retain original finishes. Interior remodeling, perhaps not surprisingly, has been most

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<sup>250</sup> Third Generation MPDF, 17.

<sup>251</sup> HABS No. MO-1943, 9.

<sup>252</sup> HABS No. MO-1943, 14.

extensive in those buildings that have continued to be used, such as the Neuropsychiatric Hospital Infirm Building (Building 51), used an inpatient psychiatric ward; the Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52), now solely a spinal cord injury and domiciliary facility; and the Neuropsychiatric Hospital Disturbed Building (Building 53), which has been heavily remodeled as a nursing home unit.<sup>253</sup> The interior of the Laundry Building 2 (Building 48) has been renovated: the laundry equipment has been removed and the large open space of the facility divided into a series of small offices.<sup>254</sup>

#### **VI.C.4 Feeling and Association**

The overall design and setting of the Third Generation buildings has been impacted by new additions (Neuropsychiatric Hospital Infirm Building, Building 51, and the Boiler House 2, Building 70), and alterations to the original form (Neuropsychiatric Hospital Disturbed Building, Building 53). This group of buildings exhibits less stylistic cohesion than the Second Generation buildings in the southern end of the VAMC-JB campus.

#### **VI.C.5 Historic Integrity of the Third Generation VAMC-JB Buildings**

Following the campus realignment/major construction project, 4 of the original 11 Third Generation buildings at the VAMC-JB will remain. These buildings and their construction years are as follows (with the building number, original designation, construction date, and current name or designation):

- Building 51: Neuropsychiatric Hospital Infirm Building, 1952 (Inpatient Psychiatric).
- Building 52: Spinal Cord Injury and Neuropsychiatric Tuberculosis Building, 1952 (Long-Term Spinal Cord Injury/Domiciliary).
- Building 53: Neuropsychiatric Hospital Disturbed Building, 1952 (Nursing Home).
- Building 60: Kitchen, 1952 (Main Kitchen).

The following buildings are going to be demolished as part of the campus realignment/major construction project:

- Building 48: Laundry Building 2, 1952 (National Media Development).
- Building 50: Neuropsychiatric Hospital Admissions Building, 1952 (Outpatient Psychiatric/Vacant).
- Building 61: Special Services Building, 1957 (Recreation/Auditorium).
- Building 63: Therapeutic Exercise Building, 1957 (Gym/Pool).
- Building 64: Chapel, 1952 (Vacant).
- Building 65: Medical Rehabilitation Building, 1952 (Center for Engineering, Occupational Safety & Health).
- Building 70: Boiler House 2, 1952 (Boiler Plant).

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<sup>253</sup> HABS No. MO-1943, 15.

<sup>254</sup> HABS No. MO-1943-U, 2.

**VI.C.5.a Third Generation VAMC-JB Buildings to Be Retained**

Although the Third Generation buildings are not grouped together strictly by function (as the Second Generation buildings often were), they originally shared the VA's preference to relegate discrete functions/purposes to separate buildings. The buildings are described in detail below, employing foundational research, analysis, and precise descriptions from the Historic American Buildings Survey.

**Building 51: Neuropsychiatric Hospital Infirm Building, 1952 (Inpatient Psychiatric)**

- Historic American Buildings Survey Design/Setting Summary Description:  
It "is a one-story brick-clad building with a flat roof and metal replacement windows and doors. The building has a reinforced-concrete structural frame consisting of concrete posts, beams, and floor and roof slabs. The Infirm Building has a broad, sprawling layout, with multiple wings that are generally at right angles to one another but form an overall triangular configuration. The entire exterior is clad in yellow brick, and the center of each wall contains a wide horizontal band of orange brick. Within the orange brick band are alternating courses of projecting and recessed brick."<sup>255</sup>
- Location in Relationship to Other Buildings:  
"The Infirm Building is located in the northwest part of the medical center campus on a grass lot with trees"<sup>256</sup> north of the chapel (Building 64), southwest of the Kitchen (Building 60), and southeast of the Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52), originally with an enclosed garden on the rear and open lawn between the buildings and the connecting corridors.
- Materials and Workmanship (modifications and alterations):
  - Originally, the building was constructed for infirm and elderly patients, and included the equipment and features necessary to support the care of these types of patients. In the 1980s, a large addition was constructed on the north side of the building, and the original building renovated for conversion into a nursing home unit, and then later back into an inpatient psychiatric unit.
  - The façade (south) wall of the building still retains much of its original materials and workmanship, although the windows and doors have been replaced. A large addition on the rear has more than doubled its footprint. "This south portion represents the original part of the building that was completed in 1952. The north central portion of the building is a series of three wings that extend north, separated by two courtyards; these wings are part of a large addition to the building that was built in 1985."<sup>257</sup>
  - The interior has been repeatedly renovated since the building was constructed. "Of the entire building, only the southern one-third (the main south block and wings) is part of the original building, although no original interior features were observed in this area during fieldwork... [t]his part of the interior was completely gutted and rebuilt during the 1985 rehabilitation, and likely also underwent

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<sup>255</sup> HABS No. MO-1943-W, 2.

<sup>256</sup> HABS No. MO-1943-W 2.

<sup>257</sup> HABS No. MO-1943-W, 2.

extensive alterations again as part of a 1997 effort to convert the building from a nursing home to a psychiatric treatment facility.”<sup>258</sup>

- Feeling and Association:
  - The Neuropsychiatric Hospital Infirm Building (Building 51) can still, at first glance, convey the original feeling of the original Third Generation campus with the “International” architectural details (the horizontal massing, the banded, contrasting masonry, and the projecting façade return wings), but the massive rear addition, obviously built much later than the original building, destroys this effect.
  - Originally, the multi-story Neuropsychiatric Hospital Admissions Building (Building 50) would have been the focal point of the Third Generation part of the campus, but with its imminent removal, and a new building planned for the area immediately west of the Neuropsychiatric Hospital Disturbed Building (Building 53), the Neuropsychiatric Hospital Infirm Building (Building 51) and the Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52) will now be the most prominent of the Third Generation buildings. Due to the alterations and additions both have undergone, neither can be considered an excellent example of Third Generation design aesthetics.

### **Building 52: Spinal Cord Injury and Neuropsychiatric Tuberculosis Building, 1952 (Long-Term Spinal Cord Injury/Domiciliary)**

- Historic American Buildings Survey Design/Setting Summary Description:  
It “is a brick-clad flat-roofed building with two full stories... composed of a long, narrow main north-south block, two small wings on the east side of the building, and two much smaller wings on the west side. The entire building has metal replacement windows and doors and alternating horizontal bands of yellow brick and orange brick. The orange brick bands have alternating courses of recessed and projecting brick. The reinforced-concrete structural frame consists of concrete posts, beams, and floor and roof slabs.”<sup>259</sup>
- Location in Relationship to Other Buildings:  
The building is “[l]ocated in the northwest portion of the medical center [and] sits on a grass lawn and is bordered on the southwest by grass lawn and on the east and southeast by the Infirm Building (Building 51)”<sup>260</sup> and due south of the Neuropsychiatric Hospital Disturbed Building (Building 53).
- Materials and Workmanship (modifications and alterations):
  - The building was originally constructed for spinal cord injury patients, as well as psychiatric patients suffering from tuberculosis. Equipment for the care of tuberculosis patients was removed after advances in drug therapy and in the standards of care for patients obviated the need for stand-alone tuberculosis wards. Original spinal cord injury treatment equipment has also been replaced as the standards of care changed and during various renovations.
  - The exterior of the building appears to retain much of its original material such as brick and stone sills, but the windows and doors have been replaced. A

<sup>258</sup> HABS No. MO-1943-W, 4.

<sup>259</sup> HABS No. MO-1943-X, 2.

<sup>260</sup> HABS No. MO-1943-X, 2.

contemporary aluminum porte-cochere shelters the main entrance on the west (façade) wall.

- Little or none of the original interior finishes have been retained. “The interior of this building has been remodeled repeatedly since the 1950s, including a major remodeling project carried out in 1973-1975, plus additional remodeling episodes in 1979 and 1994. The interior has no original interior finishes or features and is now composed of a series of rooms and corridors that date to renovations carried out during the last thirty years. The interior finishes now consist of gypsum board walls, drop acoustical ceilings with recessed fluorescent lighting, and replacement interior doors.”<sup>261</sup>
- Feeling and Association:
  - Of all the Third Generation patient care buildings being retained by the major campus realignment project, the Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52), is one of the few - along with the Kitchen (Building 60) - that retains enough of its original form, massing, and materials to adequately convey the feeling of the Third Generation part of the campus.
  - The Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52), along with the Neuropsychiatric Hospital Infirm Building (Building 51) will be the two most prominent Third Generation buildings in this part of campus once the major campus realignment project is complete. The jarring mix of new and historic construction will not provide an adequate basis to associate the Third Generation and contemporary buildings to each other, much less to the historic forces that led to the construction of the Third Generation patient-care buildings in this part of the campus.

### **Building 53: Neuropsychiatric Hospital Disturbed Building, 1952 (Nursing Home)**

- Historic American Buildings Survey Design/Setting Summary Description:  
It is a “two-story building with a small third-level penthouse at the center of the building that holds mechanical equipment. The building has a reinforced-concrete structural frame consisting of concrete posts, beams, and floor and roof slabs. The exterior of the building features metal replacement windows and brickwork in alternating yellow and orange bands; the orange bands have alternating courses of projecting and recessed brick. On some portions of the building, the original alternating orange and yellow brickwork has been replaced with red brick, and brick gables have been added to the building’s parapets.”<sup>262</sup>
- Location in Relationship to Other Buildings:  
“The building sits on the northwest corner of the medical center complex and is situated on a grass lawn. The Disturbed Building is bordered on the south by the Spinal Cord and Tuberculosis Building (Building 52), on the east by lawn space and the Special Services Building (Building 61),”<sup>263</sup> and the Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52) to the southwest.

<sup>261</sup> HABS No. MO-1943-X, 4.

<sup>262</sup> HABS No. MO-1943-Y, 2.

<sup>263</sup> HABS No. MO-1943-Y, 2.

- Materials and Workmanship (modifications and alterations):
  - This building was originally constructed for patients that were considered to have serious mental illness, be violent, or be suicidal. Like the other buildings in the Third Generation group at VAMC-JB, the windows and doors were replaced, and renovations of the building significantly altered its original exterior form (by constructing brick parapet gables, for example), even using brick of a different color. The interior has likewise been renovated several times over the years, most recently as a nursing home unit.
  - While the vast majority of the building retains its original contrasting colors of banded brick, the doors and windows have been replaced, and other sections of the brick exterior have been altered. “On some portions of the building, the original alternating orange and yellow brickwork has been replaced with red brick, and brick gables have been added to the building’s parapets. These modifications were part of a 1990s rehabilitation of the building.”<sup>264</sup>
  - The interior has been renovated several times since the building was constructed, most notably during the 1990s renovation that was part of its conversion to a nursing home. “[T]he building’s interior was completely gutted and remodeled as part of the 1990s rehabilitation. As a result, the interior configuration of walls in the building was completely rebuilt and now reflects the 1990s rehabilitation and not the earlier history of the building. The original ward spaces, nursing stations, isolation rooms, and other distinctive features of the original layout were demolished as part of this renovation. No original interior finishes or features remain on the interior. The interior currently has gypsum board walls, acoustical tile ceilings with fluorescent lighting, carpeted and tile floors, and 1990s-era interior doors.”<sup>265</sup>
- Feeling and Association:
  - The Neuropsychiatric Hospital Disturbed Building (Building 53) has undergone alterations to key exterior features, especially the rebuilding of some exterior sections with red instead of orange and yellow brick, and the simultaneous construction of small gabled parapet walls on the façade (west) projecting wings. These changes make the building appear to be too dissimilar to the others in the Third Generation group of buildings at the VAMC-JB to truly convey the same feeling as those buildings.
  - The alterations to the building, when coupled with the imminent demolition of several Third Generation buildings and the construction of new ones in the immediate vicinity, will ultimately lead to a confusing mix of new and altered buildings northwest of the National Register historic district.

### **Building 60: Kitchen, 1952 (Main Kitchen)**

- Historic American Buildings Survey Design/Setting Summary Description:  
“The Kitchen (Building 60) is a one-story brick-clad building with a flat roof. The building’s facade is the east wall, while the west (rear) wall of the building is completely covered by a connecting corridor structure that links this building to other buildings in the

<sup>264</sup> HABS No. MO-1943-Y, 2.

<sup>265</sup> HABS No. MO-1943-Y, 4-5.

medical center complex. The east, north, and south walls have alternating bands of orange and yellow brickwork and a yellow brick parapet capped with a thin limestone coping. The building has a reinforced-concrete structural frame consisting of concrete posts, beams, and floor and roof slabs. The wall areas between the concrete posts are filled in with concrete block and then veneered on the exterior with brick.”<sup>266</sup> The building is “L”-shaped.

- Location in Relationship to Other Buildings:

“The building is situated in the northern portion of the medical center complex in a fairly heavily developed area that contains several buildings. Laundry 3 (Building 88) sits east of the Kitchen, while the Infirm Building (Building 51), a sprawling multi-wing facility, sits on the west and south sides. Building 61, the Special Services Building, sits to the north of the Kitchen.”<sup>267</sup>

- Materials and Workmanship (modifications and alterations):

- The building was originally constructed as the main kitchen for the patients being treated in the Third Generation group of buildings, and since its construction it has retained this use with a relatively minimal amount of renovation and alterations. The building does not have a formal “front” façade. The connecting corridor to the Neuropsychiatric Hospital Disturbed (Building 53), Special Services (Building 61), and Therapeutic Exercise Building (Building 63) extends along the west side of the building.
- The exterior of the building is clad in the same “band of orange brick with alternating recessed and projecting courses of brick sandwiched in between bands of yellow brick”<sup>268</sup> as are the other Third Generation buildings in this group. Like the other buildings, its windows and doors are replacements.
- “The interior of the Kitchen has changed very little since the building was completed, other than some equipment updates. The interior walls are composed of painted gypsum board, plaster, and glazed tan-colored terracotta block; the terracotta block appears most often in hallways and the food preparation spaces since it is a durable wall surface, easy to clean and resistant to humidity and moisture. Ceilings throughout the building are plaster, gypsum board, or acoustical tile. The entire food-preparation area and many of the hallways have dark orange terra-cotta tile flooring.”<sup>269</sup>

- Feeling and Association:

- The Kitchen (Building 60) has undergone minimal alteration (replacement doors and windows), and still retains much of its original form, massing, and materials. Coupled with the corridor that connects it to the other Third Generation buildings (and ultimately to the Main Hospital Building, Building 1, as well), the building retains sufficient integrity to convey the feeling the Third Generation group of buildings produce as a self-contained unit within the larger VAMC-JB.
- The building retains much of its exterior and interior integrity as a Third Generation kitchen building. However, the proposed loss of the related Special Services Building (Building 61) and Therapeutic Exercise Building (Building 63)

<sup>266</sup> HABS No. MO-1943-Z, 2.

<sup>267</sup> HABS No. MO-1943-Z, 2.

<sup>268</sup> HABS No. MO-1943-Z, 2.

<sup>269</sup> HABS No. MO-1943-Z, 3.



nearby, and the proposed construction of a large energy plant/generator building on the side of the current Laundry Building 3 (Building 88, 1989) as part of the major campus realignment project, further complicate the association of the building with the remaining Third Generation buildings in the immediate area.

#### **VI.C.5.b Third Generation VAMC-JB Buildings Slated for Demolition**

The seven Third Generation buildings scheduled to be demolished have been thoroughly recorded in the Historic American Buildings Survey, and are not the focus of this historic context since they will not be contributing resources to any potential National Register nomination. They are as follows:

##### **Building 48: Laundry Building 2, 1952 (National Media Development)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: The building “is a one-story yellow brick building with one main floor and a raised basement. Like many of the medical center’s buildings, Laundry 2 is built on a hillside, so the basement level of the building is mostly below grade on the east (front) side of the building but fully exposed on the west side. Laundry 2 has a flat roof and features replacement doors and windows. The roofline of the rectangular northwest portion of the building is tall, whereas the south and east portions of the building have lower rooflines. The exterior is plain with little detail, and the building has a reinforced-concrete structural frame consisting of concrete posts, beams, and floor and roof slabs. The interior of Laundry 2 has been completely remodeled and contains no original interior finishes, nor any remnants of the original floor plan. Laundry 2 is situated on the north end of the VA Medical Center complex, west of Boiler House 2 (Buildings 70).”<sup>270</sup> Like the other Third Generation buildings in this group, it was designed in the “International” Style, and with similar yellow/orange brick veneer.

##### **Building 50: Neuropsychiatric Hospital Admissions Building, 1952 (Outpatient Psychiatric/Vacant)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: The building “is a four-story brick-clad facility with a flat roof. The Admissions Building is situated on the west side of the medical center campus and is the southernmost of a series of buildings constructed in the early 1950s on the northern end of the medical center campus.”<sup>271</sup> Like the other Third Generation buildings in this group, it was designed in the “International” Style, with horizontal massing and banded, contrasting masonry. On the basis of its size (four stories) and original role (the admissions and intensive treatment building), it was the most important building in the Third Generation group at the VAMC-JB.

##### **Building 61: Special Services Building, 1957 (Recreation/Auditorium)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “The Special Services Building (Building 61) is a one-story facility with a brick veneered exterior and a flat roof. The exterior features yellow brick walls and metal replacement

<sup>270</sup> HABS No. MO-1943-U, 2.

<sup>271</sup> HABS No. MO-1943-V, 2.

windows and doors. The east portion of the building is rectangular and contains a theater space with a high roofline, so the exterior has two roof levels. The west portion of the building is U-shaped and contains the building's central corridor and northwest and southwest wings. The U-shaped west portion is one story tall and has a much lower roofline than the east portion. The building is situated in the northern portion of the medical center in an area dominated by recreational and food service buildings sitting on grass lawns.<sup>272</sup> Like the other Third Generation buildings in this group, it was designed in the "International" Style, with horizontal massing and similar yellow/orange brick veneer.

### **Building 63: Therapeutic Exercise Building, 1957 (Gym/Pool)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: It "is a one-story yellow-brick-clad building with a flat roof. The building has three roof levels: the eastern (gymnasium) portion of the building is the tallest, the west (swimming pool) portion is somewhat shorter, and the south (administrative) portion is considerably shorter. The site of the Therapeutic Exercise Building is on the north central end of the medical center campus. The Special Services Building (Building 61) sits immediately south of [it] and is bordered on the west by a grass lawn and the Disturbed Building (Building 53). . . . On the east and north sides, the Therapeutic Exercise Building faces Jefferson Drive and the boundary fence that separates the medical center from the Jefferson Barracks National Cemetery."<sup>273</sup> Like the other Third Generation buildings in this group, it was designed in the "International" Style, with horizontal massing and similar yellow/orange brick veneer.

### **Building 64: Chapel, 1952 (Vacant)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: "The Chapel (Building 64) is a brick-clad gabled facility. The building has a stark modernistic design, but several features of the exterior reflect traditional ecclesiastical design: capped buttresses, gabled end walls, and oculus windows. The interior of the chapel is fairly intact and is laid out with a long nave space with pews, and a chancel. The interior also contains stained glass, original lighting fixtures, and some original woodwork. The Chapel is situated in the west-central portion of the hospital complex, on a grass lawn. The south side of the chapel faces the Admissions Building (Building 50), the east side of the chapel faces grass lawn and connector tunnel structures, and the north and west sides both face asphalt parking lots."<sup>274</sup> Like the other Third Generation buildings in this group, it was designed in the "International" Style, with similar yellow/orange brick veneer.

### **Building 65: Medical Rehabilitation Building, 1952 (Center for Engineering, Occupational Health & Safety)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: "The Medical Rehabilitation Building (Building 65) is a one-story yellow-brick-clad facility with a flat roof. The building is U-shaped with a central block and two wings that

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<sup>272</sup> HABS No. MO-1943-AA, 2.

<sup>273</sup> HABS No. MO-1943-AB, 2.

<sup>274</sup> HABS No. MO-1943-AC, 2.

extend to the east. The structural frame of the building is of reinforced concrete with concrete posts, beams, and roof slab. The building is located in the northern area of the medical center campus, positioned south of Laundry 3 (Building 88) and east of the Infirm Building (Building 51). The Medical Rehabilitation Building faces large expanses of grass lawn on its south and east sides. The interior of the building interior has corridors that open on each side into small rooms. Some remodeling has been completed on the interior, but several of the rooms and corridor spaces retain the original layout and interior finishes.”<sup>275</sup> Like the other Third Generation buildings in this group, it was designed in the “International” Style, with similar yellow/orange brick veneer.

### **Building 70: Boiler House 2, 1952 (Boiler Plant)**

- Historic American Buildings Survey Location/Design/Setting Summary Description: “Boiler House 2 is a brick-clad flat-roofed building with a main floor and a mezzanine level on the interior. Structurally, the building has a mix of brick and block masonry loadbearing walls, while the roof structure is supported by a series of steel trusses. The roofline of the east half of the main portion of Boiler House 2 is slightly taller than the west half. However, the west half contains a long, narrow monitor-like penthouse, which has rows of windows on its east and west sides to provide natural light in the building’s mezzanine level. The interior and exterior of the building are highly intact and have fairly few alterations. The interior retains a large amount of original equipment. Boiler House 2 is located in the northern portion of the medical center complex. Boiler House 2 sits east of Laundry 2 (Building 48) and west of the Cooling Tower (Building 82).”<sup>276</sup> Like the other Third Generation buildings in this group, it was designed in the “International” Style, with similar yellow/orange brick veneer.

The Third Generation buildings slated for demolition are located in the northwest part of the VAMC-JB campus. Five of the nine large-scale Third Generation buildings are to be demolished, along with the more contemporary Laundry Building (Building 88) that was constructed in 1989. While the demolition of these buildings should not compromise the integrity of a historic district proposed to consist of a selection of the earlier Second Generation buildings, including the Main Hospital Building (Building 1), it effectively destroys the integrity of this northwest section of the campus as a representative example of a Third Generation addition to a Second Generation Veterans Hospital.

## **VI.D Broad Development of Building Usage and Historic Context**

Following the shifts in usage of existing, initial campus buildings of 1922-23 that started in 1929, the movement to create more single-purpose buildings, or dedicated purpose buildings, came with the 1936 construction of the Recreation Building (Building 24) and the 1937 construction of the Dining Hall (Building 23). The 1929 separation of some medical functions out of the Main Hospital Building (Building 1) led the way to increased patient numbers, which prompted increased staff members, which meant greater need for residential staff space in the geographically removed campus (10 miles from downtown St. Louis). A new nurses’ quarters facility, Nurses’ Quarters 2 (Building 18), and its nearby 15-bay garage (Building 35) were built

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<sup>275</sup> HABS No. MO-1943-AD, 2.

<sup>276</sup> HABS No. MO-1943-AE, 2.

in 1939 and 1940, respectively, with 28 one-room apartments and 2 two-room apartments. This updated facility for nurses freed up the original Nurses' Quarters 1 (Building 3) space, which became used as attendants' quarters. It is believed that attendants then moved to the first Nurse's Quarters (Building 3) building, while the Attendants' Quarters (Building 4) building was converted to a segregated hospital.

While the same cannot be said of the converted hospital ward space of the one-time Attendants' Quarters (Building 4), the patients as a whole on campus would have grander buildings starting in the 1930s period. New buildings, adjacent to the original multi-purpose Main Hospital Building (Building 1), still followed the original Colonial Revival style, only with some heightened elements. These included such features as in the grand Recreation Building (Building 24) auditorium – a greater architectural formality characterizing the stylistic shift which occurred in the second building phase nationally in the post-World War 1 Second Generation Veterans hospitals. The creation of a separate Recreation Building (Building 24) at VAMC-JB marked a heightening in Colonial Revival architectural features, and encouraged sociability as part of a therapeutic culture and rehabilitation focus by providing more spaces for activities, hobbies, sports and recreation, and entertainment and overall social gathering.

The conversion of the VAMC-JB into a neuropsychiatric facility in the early 1950s coincided with a transformation to a more humane and modern regimen for treating mental illness in the United States. The conversion also coincided with a growing belief in the power of modern architecture to fundamentally change behavior and uplift people in general (for example, clearing slums and constructing large public housing projects, often designed by famous architects). The prevailing modern style of the time was "International", and this was the style ultimately employed by Jamieson & Spearl in the design of the new neuropsychiatric buildings for the VAMC-JB. The design included four patient care buildings that ranged from one to four stories, spread across a previously undeveloped part of the VAMC-JB campus to provide for ample light and air circulation among the buildings. Because psychiatric stays tended to be longer than general medical/surgical ones, additional recreational and social facilities were constructed, such as a chapel (Building 64), a new recreation building with a bowling alley and auditorium (Building 61), a gym (Building 63), and a medical rehabilitation building (Building 65) for vocational education and occupational therapy classes. As the treatment of mental illness changed again in the late 1960s and early 1970s, emphasizing the use of psychoactive drugs and outpatient care, some buildings were opened to other uses, and others were left vacant.

### **VI.D.1 Common Alterations: Demolition of Buildings**

VAMC-JB shares many of the common alterations of medical facilities of its type, still in active use providing care to veterans, due to these facilities' attentiveness to modernizing the spaces (interior and exterior) in which patient care is delivered. The current VAMC-JB plans to modernize direct-care facilities through "demolition of buildings utilized or constructed during the period of significance" are actually Second Generation Veterans Hospital "common alterations."<sup>277</sup> Pending campus redevelopment (and demolitions required for the changes) is in large part responsible for this historic context creation, as the Historic American Buildings Survey documentation defines its purpose as well. In an argument for site integrity, despite the

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<sup>277</sup> MPDF, 100-101.

small grouping of 9 buildings within the requisite three associated property type groupings of buildings by function that shall continue on the campus, it is important to note that some of the single most important structures remain.

#### **VI.D.2 Effect of Building Demolition on Ability to Convey Significance as a Second Generation Veterans Hospital Property**

VAMC-JB should be considered a member of the U.S. Second Generation Veterans Hospital property type, possessing the necessary integrity required by definition of the general medical and surgical hospital sub-type (sub-type 3 of the MPDF's nomenclature); however, any future demolitions of 1920s to 1940s buildings, beyond those already addressed in the July 2010 Memorandum of Agreement, could impact the ability of the site to convey significance, since nine buildings and structures alone represent the property type's three total categories of "groupings of buildings of function": central core group, residential quarters group, and maintenance/utility group. Eighteen buildings fell within the period of significance for Second Generation Veterans Hospital eligibility, with nine buildings primarily of service/utility functions slated for demolition).

Important buildings that are essential elements defining the uniqueness of place do remain. The original 1922-1940 "hospital campus was centered on the façade of the Main Hospital (Building 1)"<sup>278</sup> which is present today in the Central Core Group, as is its Flagpole (Structure 32), emblematic broadly in the Second Generation Veterans Hospitals' outward presentation and morale boosting symbolism for the veterans served on the campuses. Also to remain extant, "The Administration Building (Building 2) and Nurses' Quarters 1 (Building 3) were positioned south of the lawn and the oval drive."<sup>279</sup> These are important buildings to serve as lasting resources contributing to the site's significance. As succinctly stated in the Historic American Buildings Survey, "In general, the lower half of the campus served as the public face of the hospital, and the buildings there had more formal architectural decoration, such as columned porticos and arched openings with wood fan motifs."<sup>280</sup> And while a comparison between the groupings of buildings by function that shall remain and those that shall be demolished in upcoming development activity is indicative of the heaviest volume of building loss being taken by the maintenance/utility group, these are not the character-generating buildings of the VAMC-JB from the perspective of a Second Generation Veterans Hospital analysis of integrity. As bluntly stated in the Historic American Buildings Survey, and not surprising as fact, "Utility buildings that were plainer in design were grouped on the upper [northern] half of the campus where they would not be as visible to visitors"<sup>281</sup>. Their loss is less critical compared to the important retentions in the Central Core Group and the Residential Quarters Group and, in fact, the one building that shall remain (Personnel Garage, Building 35), as previously stated, served the dual role within the associated property type designations of buildings by function, both in the Maintenance/Utility Group and in the Residential Quarters Group.

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<sup>278</sup> HABS No. MO-1943, 4.

<sup>279</sup> HABS No. MO-1943, 4.

<sup>280</sup> HABS No. MO-1943, 4.

<sup>281</sup> HABS No. MO-1943, 4.

### **VI.D.3 Effect of Building Demolition on Ability to Convey Significance as a Third Generation Veterans Hospital Property**

The VA's imminent need to modernize both its administration and its infrastructure in the 1940s was spurred by the rapid demobilization at the end of World War II, and by President Truman's opportune appointment of General Omar Bradley as Administrator of the VA just before the end of the war in response to news stories decrying conditions in VA hospitals. This potential crisis in veterans' healthcare prompted the VA to build Third Generation hospitals and medical centers. Three ways of meeting the infrastructure needs resulted in three general architectural models evident in Third Generation hospitals: pressing into service existing hospitals (such as surplus Army or Navy hospitals), constructing new hospitals designed by VA staff and based on standardized plans already on the shelf, and constructing new hospitals designed by private architects. The Third Generation buildings at VAMC-JB followed this last model.

Converting the VAMC-JB to a neuropsychiatric facility required constructing a new suite of buildings that were tailored to meet the requirements of a changing field of medicine. The VA (for reasons not discovered in preparing this account) opted to engage a private architect to design these new buildings. The firm, Jamieson & Spearl, sought to create a group of buildings on the new paradigms of treating the mentally ill that developed throughout the 1940s. The resulting buildings – clean, modern, and inviting – were a radical departure from the large “H”-shaped buildings VA had previously constructed for its neuropsychiatric hospitals. The first nine buildings were constructed in 1952:

- the Laundry Building 2 (Building 48)
- the Neuropsychiatric Hospital Admissions Building (Building 50)
- the Neuropsychiatric Hospital Infirm Building (Building 51)
- the Spinal Cord Injury and Neuropsychiatric Tuberculosis Building (Building 52)
- the Neuropsychiatric Hospital Disturbed Building (Building 53)
- the Kitchen (Building 60)
- the Chapel (Building 64)
- the Medical Rehabilitation Building (Building 65)
- the Boiler House 2 (Building 70)

The latter building and the Laundry Building 2 (Building 48) are located in the maintenance/utility group of buildings, northeast of the Medical Rehabilitation Building (Building 65), and are not considered part of the Third Generation patient-care buildings. Five years later, the firm of Maguolo & Quick designed and oversaw construction of the last two buildings, the Special Services Building (Building 61) and the Therapeutic Exercise Building (Building 63), thus completing the group of Third Generation buildings at VAMC-JB. (Two additional patient-care buildings were planned, but never constructed).<sup>282</sup>

The need for all these buildings was rooted in the fact that neuropsychiatric hospital stays were still much longer than a typical general medical/surgical hospital stay. Because of these extended stays – months at a time, depending on the patient – these hospitals “often featured auditoriums,

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<sup>282</sup> HABS No. MO-1943, 8.

chapels, libraries, and other facilities for patients.”<sup>283</sup> These facilities were thus built to be rather self-contained units, even if, as at VAMC-JB, they were constructed on a larger general medical/surgical hospital campus. This is the role they play in the historic narrative of the VAMC-JB, of telling the story of the conversion to a neuropsychiatric hospital, and the various patient-care and patient-support facilities were required. The necessary demolition of seven of the eleven buildings, particularly the largest and most visible of them (Building 50 – the Neuropsychiatric Hospital Admissions Building), and construction of new buildings as part of the major campus realignment project will greatly diminish the ability of the remaining Third Generation buildings to convey their collective significance. Building 50 served “as a visual bridge between the original 1922-1923 south hospital campus and the newer 1950s northern portion.”<sup>284</sup> The loss of this building, with its historic central role in the functioning of the other Third Generation patient-care buildings, can best be compared to the theoretical loss of the Main Hospital Building (Building 1) in the proposed historic district; while the other historic buildings remain, their ability to convey their role in the site’s historic narrative would be hampered by the loss of the larger and most important building, central to all other activities within the group. The historic significance of the remaining Third Generation buildings will deteriorate further with the encroachment of new construction that will alter the general setting of the northern end of the medical campus.

## VII. Relationship to the National Register Criteria

### VII.A Analysis of Association with Property Type

#### VII.A.1 U.S. Second Generation Veterans Hospital

A Second Generation Veterans Hospital must be sited on original land and used by the Federal government to serve World War I veterans during the U.S. Second Generation Veterans Hospital period of significance of 1919-1950, which includes especially the “boom years” of the 1920s, continuing into the Great Depression and World War II periods.<sup>285</sup> The Second Generation Veterans Hospital time parameters are further subdivided into Period I from 1919 to the mid-1920s, and Period II from the late 1920s-1950.

- VAMC-JB was originally designed by the Treasury Department Supervising Architect’s Office and constructed in 1922-23, with four of these 1922-23 buildings considered contributing resources to National Register eligibility, and an additional five buildings constructed in 1929, 1936, 1937, 1939 and 1940 that shall be considered contributing resources. The 1922-23 construction falls within Period I of Second Generation Veterans Hospital development while the 1929-1940 additions fall within the Period II of Second Generation Veterans Hospital development. VAMC-JB is considered a Period I Second Generation Veterans Hospital due to its original construction in 1922-1923.

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<sup>283</sup>MPDF Third Generation, 26.

<sup>284</sup>HABS No. MO-1943, 11.

<sup>285</sup>MPDF, 72.

- The major development phase of the campus in 1922-23, with its additions up until 1940, is representative of U.S. Second Generation Veterans Hospitals, and was followed by a second major development phase of the campus in the 1950s, which is distinct spatially, architecturally, and in mission, from the U.S. Second Generation Veterans Hospital phase; buildings and structures from this period shall not be considered contributing resources under the Second Generation Veterans Hospital context.

A Second Generation Veterans Hospital must possess architectural and design elements of a governmental/institutional Colonial Revival style which, due to immediate needs and haste of construction after World War I to serve the nation's veterans, is plainer when initial hospital construction occurred during Period I of Second Generation Veterans Hospital development from 1919 to the mid-1920s, rather than in Period II of Second Generation Veterans Hospital development from the late 1920s to 1950, in which some heightened Colonial Revival detail was applied at some facilities.

- VAMC-JB in its initial campus construction in 1922-23 has the requisite form and massing of a simplified, institutional Colonial Revival style of the 1920s. The VA's construction of additional buildings in the original VAMC-JB campus occurred in the second period of construction nationally for Second Generation Veterans Hospitals, extending to 1950. The new construction occurred at VAMC-JB in the years 1926, 1929, 1936, 1937, 1939, and 1940, and contains examples of a more elaborate Colonial Revival design, while the overall building effect is consistent within the coherent whole of initial buildings from the 1922-23 development.

A Second Generation Veterans Hospital must possess landscape and setting design elements that include a prominent location in its setting, located potentially on a rise in the landscape. Often, a semi-rural setting accommodates a campus configuration of buildings. A lack of formal landscape design stands in parallel simplicity with the original plain Colonial Revival style of architecture in Second Generation Veterans Hospitals constructed during Period I from 1919 to the mid-1920s.

- VAMC-JB is situated on a rise in the landscape on the bluffs of the Mississippi River, with the original 1922-1940 campus and its Main Hospital Building on a slight rise within that elevation. The original 1922-1940 campus contributing resources are situated around a still visible, although diminished (due to parking additions over its almost 90 years of use as an active medical facility for veterans) oval landscape design, with broad grassy areas. It is at the head of the campus (at its south, nearest the Mississippi River), with construction after the time period of Second Generation Veterans Hospital status, particularly that of the 1950s, located to the north rather than dispersed within the contributing resources groupings of buildings.

A Second Generation Veterans Hospital must be one of four designated Second Generation Veterans Hospital Sub-Types (defined as follows: sub-type 1 Neuropsychiatric, sub-type 2 Tuberculosis, sub-type 3 General Medical and Surgical, and sub-type 4 Home/General Medical Hospital).



- VAMC-JB from construction in 1922-23 until 1952 (two years outside of the Second Generation Veterans Hospital time parameters) was a General Medical and Surgical hospital sub-type.
- At the time of the second major development phase of the campus in 1951-1952 – which is distinct spatially, architecturally, and in mission from the U.S. Second Generation Veterans Hospital phase, and shall not be included as containing contributing resources – the sub-type of VAMC-JB converted from that of a sub-type 3 General Medical and Surgical to a sub-type 1 Neuropsychiatric hospital.

A Second Generation Veterans Hospital must contain contributing resources in three broad categories of buildings grouped by function, constructed during period of significance for Second Generation Veterans Hospitals and retaining the integrity required for a U.S. Second Generation Veterans Hospital. These categories include a Central Core Group (which can consist of main/administration building, kitchen/dining hall, recreation building, and patient ward/treatment buildings), residential quarters (which can consist of dwellings for a small number senior staff as well as nurses'/attendants' quarters), and the maintenance/utility group (which consists of buildings with support functions such as warehouses, maintenance and garage facilities, and may include structures such as the power plant for the campus).

- The contributing resources at VAMC-JB, as denoted, contain all three of the building groupings by function, with one or more buildings represented in each category, as listed below:

Central Core Group (Main/administration building, kitchen/dining hall, recreation building, and patient ward/treatment buildings)

- Building 1: Main Hospital Building, 1922-23
- Structure 32: flagpole, circa 1925-1934
- Building 2: Administration Building, 1922-23
- Building 25: Neuropsychiatric Building, 1929
- Building 23: Dining Hall, 1937
- Building 24: Recreation Building, 1936

Residential Quarters Group

- Building 3: Nurses Quarters 1, 1922-23
- Building 18: Nurses Quarters 2, 1939

Maintenance/Utility Group

- Building 35: Personnel Garage, 1940

VAMC-JB fulfills the associative and characteristic requisites established by the MPDF: “The traits common to many of the Second Generation Veterans Hospitals include the four hospital designations (neuropsychiatric, tuberculosis, general medical and surgical, and home/general medical hospital); use of Colonial Revival and other nationally popular architectural styles; buildings serving similar functions at each facility; groupings of buildings by function; and

landscape characteristics, including a campus setting.”<sup>286</sup> The initial VAMC-JB campus was built in 1922-1923, with several additions to the campus from the late 1920s until 1940, fully consistent with the two main building periods of development for Second Generation Veterans Hospitals, constructed to care for the wide scale need of veterans in the post-World War I period. Thus while the first major construction period at VAMC-JB extended from 1922-1940 (and encompassed two periods within the Second Generations Veterans Hospital associated property type), the second major construction period of the VAMC-JB campus occurring in the 1950s falls outside of the Second Generation period of significance. While conceptualized in the 1946-1950 period, construction did not occur until a major building campaign began in 1950, with no buildings completed until 1952. Furthermore, the 1950s development encompassed construction distinct spatially and stylistically from the original 1922-1940 campus. It was consistent with the change from a general medical and surgical facility to one focused on neuropsychiatric care. The 1950s construction was spurred by World War II, not World War I, unlike the contributing resources of the original 1922-1940 campus. VAMC-JB was originally designed and built in 1922-23 under supervision of the Consultants on Hospitalization and the Office of the Supervising Architect of the Treasury Department. Its late 1920s through 1940s build-out was likewise designed by the Veterans Bureau/Veterans Administration drafting offices, with only its 1950s, non-contributing buildings designed by a private architectural firm. The early 1950s construction employed the architectural firm of Jamieson and Spearl, followed by Maguolo and Quick, with 1950s landscape architecture designs from John Noyes.

It has been demonstrated in the summary discussion concerning the Associated Property Type, and the bulleted summary of the nine contributing buildings within the three building groupings by function category (central core group, residential quarters group, maintenance/utility group) in a general medical and surgical United States Second Generation Veterans Hospital, that VAMC-JB does “Consist of resources related to one another through common purpose, design, materials, function, development, and campus setting”; that it retains “integrity” -- “the ability of a property to convey its significance.”<sup>287</sup>

## VII.A.2 U.S. Third Generation Veterans Hospital

Typical associative characteristics for U.S. Third Generation Veterans Hospitals are less specific than its Second Generation counterpart. Due to the wide range of properties described within the Third Generation context, “each hospital must be evaluated on its own merits.” The 1950s construction period at the VAMC-JB is best described as a series of new hospital buildings, designed under the VA, that use the Second Generation construction type as a model for new development. According to the MPDF for Third Generation Veterans Hospitals, these “campuses featured multiple low rise structures often organized around a central greenspace.”<sup>288</sup> Other hospitals designed under the VA often feature a central, main building that housed numerous patient services, supported by several, similarly designed ancillary facilities.<sup>289</sup>

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<sup>286</sup>MPDF, 72.

<sup>287</sup> *How to Apply*, 44.

<sup>288</sup> MPDF Third Generation, 48.

<sup>289</sup> MPDF Third Generation, 52.

- The Third Generation buildings in consideration were designed by the architectural firm of Jamieson and Spearl. Building 51, Building 52, Building 53, Building 60, and their connecting corridors (Building 1CC) were all designed and constructed during the 1951-52 building phase. These buildings were developed in a campus-like setting to the northwest of the original hospital campus, along with four buildings that are scheduled for demolition: Laundry 2 (Building 48), the Neuropsychiatric Admissions Building (Building 50), Chapel (Building 64), and Medical Rehabilitation Building (Building 65). There does not appear to be any formal arrangement of these buildings, and no central or otherwise incorporated formal landscapes or paths are evident. An outdoor walking track can be accessed from Building 52, but overall travel between the buildings takes place, as is intended, within the connecting corridors. While there is no centrally located high-rise that serves as a main or central building, accessory buildings, such as the Kitchen (Building 60) and Boiler House 2 (Building 70, which is scheduled for demolition), were designed in a similar aesthetic with like materials.

The Third Generation construction period demonstrates the transition of the VAMC-JB to a neuropsychiatric hospital during this time. “The neuropsychiatric hospitals also would feature gyms, pools, pool houses, independent kitchens and dining halls...”<sup>290</sup> Enough integrity in campus and facility planning must remain to justify significance in the neuropsychiatric building type.

- The following buildings were constructed throughout the 1950’s as part of VAMC-JB’s transition into a neuropsychiatric hospital, and were directly associated with the practice of neuropsychiatric medicine. Latter additions to the campus were designed by St. Louis architects Maguolo and Quick:
  - Building 50: The Neuropsychiatric Hospital Admissions Building, 1952 (scheduled for demolition)
  - Building 51: The Neuropsychiatric Hospital Infirm Building, 1952
  - Building 52: Spinal Cord Injury and Tuberculosis Neuropsychiatric Building, 1952
  - Building 53: Neuropsychiatric Hospital, Disturbed Building, 1952
  - Building 61: Special Services Building, 1957 (scheduled for demolition)
  - Building 63: Therapeutic Exercise Building, 1957 (scheduled for demolition)

Half of these buildings that were directly associated with the neuropsychiatric legacy at VAMC-JB are scheduled for demolition as part of the campus realignment / major construction project. Of the buildings scheduled for demolition, the Admissions Building (Building 50) is perhaps the most significant loss. It was the central hub for the new Neuropsychiatric Hospital, seeing all new patients, sometimes months at a time, before they were released to various other units within the campus.<sup>291</sup> Building 50 also currently serves as the “visual bridge” linking the original hospital campus to its Third Generation expansion, and was a central component of the Neuropsychiatric Medical Mission. Furthermore, the demolition of Buildings 61 and 63 removes the physical legacy of occupational therapy programs at the Third Generation portion of the campus. Only three

<sup>290</sup> MPDF Third Generation, 47.

<sup>291</sup> Haun and Lebensohn, 558.

neuropsychiatric facilities, along with the ancillary Kitchen (Building 60) and Connecting Corridors (Buildings 1CC), will remain, leaving a significant gap that diminishes the historical integrity of the Third Generation campus.

A Third Generation Veterans Hospital typically reflects design elements of Mid-Century Modern and International Style architecture. The architectural style must be clearly represented by the original construction. “Original design materials and workmanship should survive for these hospitals...” Important interior spaces such as main lobbies and chapels (where applicable) must also remain intact.<sup>292</sup>

- The remaining Third Generation facilities (Buildings 51, 52, 53, 60, and 1CC) all possess elements of the International Style of architecture. Flat roofs and horizontal bands of alternating tan and orange brick emphasize the horizontal massing that was popular with the style. Instead of horizontal rows of windows, fenestrations are one-over-one aluminum sash windows spaced evenly across the building façades.
- Substantial alterations to the remaining Third Generation facilities have resulted in a lack of integrity in materials and workmanship. Perhaps the greatest alterations have occurred with Building 53, which was completely remodeled in the 1990s, including substantial changes to the roofline. A large addition to the rear of Building 51 has doubled the historic building footprint and concealed much of the original exterior.
- The interiors of the remaining Third Generation buildings, with the exception of the ancillary Kitchen (Building 60), have undergone numerous renovations. No original interiors remain in Buildings 51, 52, and 53.

An eligible Third Generation Veterans Hospital must be well represented through new construction. “If the addition replaces the original entrance to the main hospital building, obscures the historic façade from the main access point to the facility, or is unsympathetic to the original historic character of the hospital, the eligibility of the hospital may be affected.”

- Proposed construction at VAMC-JB includes a new rectangular Rehabilitation Building immediately to the west (in front) of Building 53, which will completely obscure the main façade of that building from the formal approach that was previously established. This new construction will also demolish the circular drive and porte-cochere of Building 53.
- The 2011 Mental Health addition to the western end of Building 51 partially obscures Building 51, and is the main focal point approaching from the North Gate Entrance.
- Additional surface parking will fill in the greenspaces in front of Building 51 and the former location of the Chapel (Building 64, 1952)

The before-mentioned facilities at JB-VAMC do not meet the associative requirements to be eligible for the National Register of Historic Places as a U.S. Third Generation Veterans Hospital under the associated Multiple Property Documentation Form of the same name. The Third Generation facilities were developed in a campus-like fashion. However, no central formal landscapes or greenspaces tie the present-day buildings together as an organized campus.

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<sup>292</sup> MPDF Third Generation, 52.

Furthermore, the demolition of numerous Third Generation facilities diminishes the visual cohesiveness that once existed between the facilities. The legacy of Neuropsychiatric Medicine at VAMC-JB is less evident with the demolition of Buildings 50, 61, and 63. Building 53, once a pivotal Neuropsychiatric facility, has been greatly altered and lacks historical integrity. Non-historic additions, particularly the large addition to Building 51, further deduct from the historical integrity of the buildings. As the VAMC-JB continues to adapt to meet the changing medical needs of veterans, new projects at the campus further obscure much of the 1950s construction, resulting in a poor expression of the historical heritage of the Third Generation campus. The significance of the Third Generation campus at the VAMC-JB will not be conveyed following the campus realignment/major construction project.

## **VII.B Conveying Significance: 1920s versus 1950s Campus Buildings: Shared Architectural Simplicity**

The fact that two main periods of construction exist at the VAMC-JB campus as a whole – the 1920s and the 1950s – is not as jarring as might be expected because of mitigating factors. One of the factors mitigating a potential “clash” is the fact that neither of the main building periods on the campus contained within them a design conceptualization/execution that represented “high style” for their respective designs. As suggested by the Historic American Buildings Survey, such was the case both in the government-designed 1920s portion of the campus and in the private architect designed 1950s portion.<sup>293</sup>

The critically important feeling and association aspects of integrity are assisted by the simplicity of the overarching Colonial Revival style of the 1920s and 1930s. As stated concisely by the MPDF for the property type: “The relatively simple architectural decoration of the buildings is a common trait among buildings dating to Period I.”<sup>294</sup> The initial 1922-1923 VAMC-JB design wasn’t executed in the high style and, while the construction dating from the late 1920s-1940 was considered comparatively more elaborate in the iterations of Colonial Revival architectural form and grandeur, it was not aggressively different from that of the early 1920s. This was a period of greater simplicity in style, and VAMC-JB followed the articulated pattern of simple Colonial Revival form and massing in its late 1920s-1940s additions, with just a few grander style augmentations, such as those of the 1936 Recreation Building (Building 24). The newer buildings tended to follow the simple articulation of style and did not attempt to mimic the contemporary instinct of all-new hospital campuses of the later Second Generation time period, which were more monumental. The Colonial Revival simplicity at VAMC-JB may also have been driven, in part, by the limited visibility of the site. Settings with a lot of outside traffic or incidental, opportunistic viewing (such as occurs in downtown areas, and not the case at VAMC-JB) may have received greater design prioritization from the Department of the Treasury’s Supervising Architect’s Office. It can also be inferred that the early 1920s period buildings were simple since they were built so fast, to handle the immediate, compelling needs of World War I veterans. Regardless of the motivation for it, the expression lends itself to a greater cohesiveness in the way the Second Generation campus is experienced as a whole.

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<sup>293</sup> MPDF, 76.

<sup>294</sup> MPDF, 76.

In the 1950s portion, it is noted in the Historic American Buildings Survey that the architectural firm of Jamieson and Spearl followed closely Dr. Paul Haun's plan for his new ideas about pathbreaking psychiatric treatment. The execution of the clean and modern "International" Style was not the high style of this aesthetic. This made the buildings more innocuous and more pliable in terms of visual impact and visual memory (the impression the viewer takes away), a result of the "form follows function" approach of the Jamieson and Spearl architecture. The lack of "high style" for either period allows the campus some measure of harmony despite different periods of construction. Actual coalescence of spaces is tolerable and appropriate, and is particularly helped by features like the corridor system.

### **VII.C An Unorthodox Interpretation: A Common Alteration that Conveys Significance Rather than Diminishing Integrity -- Connecting Corridors**

The existence of a connecting corridor system mitigates the issue of "integrity" in the case of a campus like VAMC-JB, in which construction during the period of significance for the context under which eligibility is proposed abuts construction during a period of significance under a different context. Despite multiple building periods and disparate architectural elements that are separated between the southern 1922-1940 portion of the campus and the 1950s northern section, the campus still may be experienced as whole. On foot—the manner in which the property is experienced primarily by staff, visitors, and patients—this campus does resonate as a 1920s-1940s facility, as a U.S. Second Generation Veterans Hospital. The structural moments where the 1950s integrated into the 1920s likewise works through the corridor system, even if the corridor system was built in multiple periods. In the late 1920s-1930s new construction on campus, the new Dining Hall (Building 23) received a connecting corridor to the existing Main Hospital Building (Building 1), for the comfort of patients, so that they would not have to be exposed to the elements; an underground tunnel linked the patients in the new Neuropsychiatric Building (Building 25) to the existing Main Hospital (Building 1). Eventually, a connector led from the Dining Hall (Building 23) to the Attendants' Quarters (Building 4), and another connector from the Main Hospital to the Recreation Building (Building 24). Later, by the mid-1950s, the newer portion of campus could be reached via a point in the corridors where the Dining Hall (Building 23) and the Attendants' Quarters (Building 4) came together, forming a long hallway west and north to the Neuropsychiatric Hospital Admissions Building (Building 50). In short, the 1950s northern part of the campus, that is separate in architectural style from the original 1922-1940 campus, does not overwhelm it in part because of the connecting corridors system (a feature fully within the Second Generation Veterans Hospital type parameters) created as an enhancement to the initial 1920s campus.<sup>295</sup> As the MPDF described corridors as a common feature of the associated property type, "Exterior corridors normally connect the central core group of buildings to one another, including the main/administration, kitchen/dining hall, recreation, and patient/ward treatment buildings."<sup>296</sup>

This study argues for the permissibility of increased flexibility in the perception of the physical and associative characteristics of a medical campus for veterans based precisely on the manner in

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<sup>295</sup> MPDF, 87.

<sup>296</sup> MPDF, 85.

which that campus is experienced by the employees and patients and visitors (who are not trained architectural observers or historians), in other words, by the bulk of individuals who encounter it. It is an on-foot experience, and it is one in which much of the experience is tied to a connecting corridor system. It is argued here that a feature that is sometimes looked upon as a negative in terms of materials and workmanship, with multiple changes over time, may in fact be a positive in the way VAMC-JB is experienced by most observers, and how they actually move through the original 1922-1940 portion of the campus, as well as the newer 1950s component.

From the broadest American historic standpoint, the veterans hospital is akin to the Colonial era “walking city.” Spatial use, design of residences, businesses and services, placement patterns upon streets and roads, drew upon the reality of pedestrian traffic as the dominant manner of movement within the space “because of its size and major mode of conveyance.”<sup>297</sup> Carriages and horses were in the streets then, as cars are in the exterior VAMC-JB campus (along with motorized carts utilized by staff within the corridor system); however, to go about one’s business, the majority of people stayed on foot. In the modern VAMC-JB, medical services, recreation and athletics, dining and shopping (via the Canteen and its store), library, religious and meeting hall/auditorium spaces, and sometimes on-campus residences, are all part of this corridor network. The on-foot perception of place starts outdoors as one parks a vehicle and sees the complex of initial Second Generation Veterans Hospital buildings, including the 1922-23 Main Hospital Building (Building 1), 1922-23 Nurses Quarters 1 (Building 3), 1939 Nurses Quarter 2 (Building 18), the 1929 Neuropsychiatric Building (Building 25), and 1922-23 Administration Building (Building 2). But after that initial view, it is likely from corridors that buildings are reached – with guidance from a campus-wide “Walking Trail System” (see Figure 10, VAMC-JB Inside Walking Trails).<sup>298</sup> The effect is an overall impression of a Second Generation Veterans Hospital campus, with broad styling still visible on the exterior from the 1920s to 1940s, but then just a generalized sense from within of being at a modern hospital with old roots, with interior remodels over the years. The cohesiveness in the original 1922-1940 campus is still the part that seems imbued with the integrity of historic context.

This is a story told on campus in a series of “Inside Walking Trails” maps, posted in almost a score of buildings in 2011-2012. These maps lead visitors and patients through the hospital via connecting corridors in a purposeful style, bringing together multiple construction periods and materials.

## VIII. Conclusion

The defining and over-arching historical and architectural characteristic of the VAMC-JB define it as a representative property in the family of Second Generation U.S. Veterans Hospitals, as described by the National Register of Historic Places MPDF. This historic context demonstrates that the geographically and visually prominent 1922-1940 original campus of VAMC-JB retains

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<sup>297</sup> Chudacoff, 66.

<sup>298</sup> Terry Pickles (Designer, Engineering, St. Louis VA Medical Center) and Sign-A-Rama, St. Louis, Missouri. “JB Walking Trails Single” 20110302JBWalkingTrails1.pdf and “JB Walking Trails Multiple” 20110302JBWalkingTrails2.pdf, interior building signage maps. March 2, 2011. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Engineering.

integrity from its 1922-23 and 1926-1940 construction. VAMC-JB meets the eligibility criteria for listing in the National Register as a Historic District within the context of U.S. Second Generation Veterans Hospitals under *Criterion A: Health/Medicine* for its significance in representing the historic provision of medical services.

On the other hand, buildings added to the VAMC-JB during the 1952-1957 construction period are found to lack the historical integrity and associative characteristics to be considered a representative property of the Third Generation U.S. Veterans Hospital type, as defined by the associated MPDF.





### Figure 10. VAMC-JB Inside Walking Trails.

Showing 2011 connecting corridors, modern campus and, of special interest, the original 1922-1940 campus, Main Hospital (Building 1), Recreation Building (Building 24), Dining Hall (Building 23), Attendants' Quarters (Building 4), with corridor to Neuropsychiatric Hospital Admissions Building (Building 50).

*Courtesy of VAMC-JB Engineering and Sign-a-Rama, St. Louis.*

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## Appendix: Dr. Howard A. Rusk's Career

Dr. Rusk (see Figure A-1) served at the Jefferson Barracks U.S. Army Hospital from approximately 1942 to 1943, when he was called up to Washington to develop nationwide programs for the Army Air Corps and to reform military rehabilitation methods based on his experiences at the Jefferson Barracks post. Throughout the second half of the 20<sup>th</sup> century, he was an international leader in the civilian medical rehabilitation field as well, heading up the noted New York University Howard A. Rusk Institute of Rehabilitation Medicine.

Rusk began his early work in the field at “Jefferson Barracks,” but the question was posed when this study was initiated whether Rusk’s work took place solely at the then still-operational nearby U.S. Army Hospital or also partially at the U.S. Veterans Hospital, both bearing the “Jefferson Barracks” name. No direct or inferential evidence that Rusk’s work in rehabilitation medicine involved patients of the veterans hospital was uncovered upon examination of the Howard A. Rusk Papers held by the State Historical Society of Missouri, contained within the University of Missouri-Columbia Western History Collection. No documentation showing activity in an official capacity is evident; his letterhead, for example, read “Station Hospital” Jefferson Barracks, MO, and his title was “Chief of Medical Services” for the 1,000 bed Station Hospital. As he described his impression of his workplace in his autobiography: “Jefferson Barracks was an old Army base that dated back to before the Civil War, and it looked as if nothing much had been done to keep it in shape since then . . . The hospital, though enormous, was what they used to call a ‘theater-of-operations’ type of installation, the kind of hospital you might find just a short distance behind a battlefield. It was a huge maze of shed like wooden barracks perched on cement blocks with open space beneath and connected by what must have been five miles of corridors in which a person could get hopelessly lost.”<sup>299</sup> This was the only hospital he described as “Jefferson Barracks,” and it bears no resemblance to the H-shaped, 300-bed, simple but immense Colonial Revival Main Hospital Building (Building 1) of the U.S. Veterans Hospital. His letters, his writings, and articles in local and national media in which he is quoted refer to “convalescent training” of active soldiers. These were men being prepared for return to active military service, not veterans being prepared through rehabilitation for civilian society.<sup>300</sup>

A *Newsweek* article lauded the turn-around in army medical facilities and care that can be attributed to Rusk’s pioneering work at the Jefferson Barracks post: “Traditionally, the Army hospital is viewed by soldier and layman alike as a sort of antiseptic concentration camp, reeking with ether, alive with pain, and weighted with incredible boredom – a place to make a strong man weak and a weak man weaker. What actually has happened in Air Forces hospitals, stemming from the key hospital at Jefferson Barracks, Mo., is a metamorphosis which has taken the military classroom and the training ground right into Ward X and turned hospital patient back into self-protective soldier in the shadow of the X-ray machine.” The description of a day was breathless, just like the day itself, both in terms of activity level and heat on the Mississippi

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<sup>299</sup> Howard A. Rusk, *A World To Care For: The Autobiography of Howard A. Rusk, MD* (NY: Random House, 1972), 5-6.

<sup>300</sup> Ibid, 5; Howard A. Rusk to Colonel Walter Jensen, Jefferson Barracks, Missouri, January 18, 1943. Folder 242, Correspondence 1942-1945, Howard A. Rusk Papers, The State Historical Society of Missouri, Columbia.

**Figure A-1. Dr. Howard A. Rusk in Uniform.**  
*Photo courtesy of State Historical Society of Missouri.*





River campus, as described by the Newsweek correspondent: “At Jefferson Barracks one steaming day last week the program started off at 10 a.m. in the wards with a military courtesy examination, progressing with military precision through camouflage demonstration, history lecture, algebra class, first-aid or chemical-warfare instruction, and model airplane demonstration (for identification purposes). At 1:30, in the big auditorium, there was an instructional movie called ‘Kill or be Killed’ and a demonstration of Judo; on the athletic side, for those patients up to it, a program running from horseshoe pitching through volleyball and badminton to calisthenics, mass drill, or a hike. (The calisthenics, incidentally, start in bed for youths unable to get around.)”<sup>301</sup>

The National Rehabilitation Committee of the American Legion, a nonprofit veterans organization, wrote General Henry “Hap” Arnold, Commanding General of the Air Force, in 1943 of the Legion’s interest in Rusk’s ideas and their potential applicability to veterans care. The Executive Director of the American Legion, Robert W. Sisson, wrote of a conference on the rehabilitation of veterans, stating that Rusk’s “presentation and explanation of your program was one of the most complete and finest presentations this Committee has ever had the opportunity of hearing. Your program of handling casualties and casualties in the Air Corps should serve as an example and pattern for all agencies both military and civilian . . . With your approval we would like to recommend it as part of the Legion’s nationwide rehabilitation program.”<sup>302</sup>

Although the evidence indicates that Rusk was not involved in direct care of veterans at the nearby veterans hospital as he developed the field of rehabilitation medicine, his clinical accomplishments and later programmatic contributions influenced the medical care of all veterans nationwide, including those at the U.S. Veterans Hospital Jefferson Barracks. In November 1942, he wrote an attention-getting summary of the Jefferson Barracks military rehabilitation program that he had started just three months earlier. As a direct result, in 1943, Rusk assumed the role of chief of the Army Air Force Convalescent Training Program in Washington and set up a program for the entire Army Air Corps. As a *St. Louis Post-Dispatch* reporter summarized Rusk’s ideas: “The rehabilitation program developed by the St. Louis physician at Jefferson Barracks transforms convalescence into a period of creative activity. This activity has shortened the convalescent period in A.A.F. hospitals, reduced hospital readmissions, increased soldiers’ efficiency and paved the way for more useful civilian careers, the Air Forces have reported.”<sup>303</sup>

However, it was not until after Rusk had left the Jefferson Barracks post, and after World War II, that he began advocating and actively participating in the interests of veterans, being asked to work with the Veterans Administration in a consulting capacity.<sup>304</sup> In 1945-1946, he was called upon by President Truman and General Omar Bradley during that especially fertile period of exchange between military and veterans institutions. In his autobiography, Rusk clearly takes pride in the role of the national programming he helped develop. With its origins at Jefferson

<sup>301</sup> *Newsweek*, “Science: New G.I. Convalescence.”

<sup>302</sup> Robert W. Sisson to General Henry H. Arnold, Washington, D.C., December 16, 1943. Folder 242, Correspondence 1942-1945, Howard A. Rusk Collection, The State Historical Society of Missouri, Columbia.

<sup>303</sup> *St. Louis Post-Dispatch*, “Col. Rusk Slated to Head Veterans Medical Program: St. Louisan Perfected Rehabilitation Plans, Headed A.A.F. Convalescent Training,” June 8, 1945, St. Louis Globe-Democrat Archives, St. Louis Mercantile Library at the University of Missouri, St. Louis.

<sup>304</sup> Rusk, *A World to Care For*, 19-20.

Barracks U.S. Army Hospital, rehabilitation medicine changed the lives of servicemen, helped the U.S. military perform more effectively in wartime, and fostered a heightened focus on rehabilitation within the VA: “We discovered we had saved at least forty million man-hours of duty time, and that we had gotten more sick or injured men back on duty than any branch of service had done during any war in history. More important, we had prepared thousands of boys for useful roles in civilian life after the war who might otherwise have wasted away for years in veterans hospitals. And by proving the value of rehabilitation, we had made certain that the Veterans Administration, after this war, would actually rehabilitate its disabled men rather than letting them languish in bed, or die for lack of understanding and a program.”<sup>305</sup> In 1948, Rusk founded the New York University Institute for Rehabilitation Medicine, which today bears his name.

Rusk’s work affected rehabilitation of veterans in indirect and direct ways. However, based on examination of his correspondence from the period of active service at the Jefferson Barracks post, it can be concluded that Rusk did not have a direct or official role in veteran rehabilitation work at the U.S. Veterans Hospital Jefferson Barracks. He is a person with a direct connection to the Barracks military post, but there is no evidence that he had a direct hand in any capacity on the veterans hospital campus while he practiced in the office of Chief of Medical Services for the Station Hospital, Jefferson Barracks. That his ideas were “in the air” and subject to discussion and even application can be surmised, due in part to the physical proximity of the two sets of medical staffs in these facilities.

### ***Rusk’s Interest in Military and Veterans Rehabilitation Programs***

Because both active duty and veterans medical care derived from military service, and thus were functions assumed by federal government, comparisons and criticisms of the two separate programs were common. Rusk’s collection of personal papers includes media reports on rehabilitation practice, and not only the ones in which his own work received focus. Published contrasts between active military versus veterans institution’s handling of rehabilitation issues were legion – appearing in a range of professional and medical writing of the period. The general viewpoint was simple: why can’t the VA be more like the Army? One of the articles in his collection made the point in the 2-page spread’s headline: “Air Forces Hospital Humanizes Treatment . . . Why Can’t the Veterans Bureau Do Likewise?”<sup>306</sup> The article focused on the AAF Convalescent Hospital at Pawling, New York (for which Rusk worked actively). The writer admitted that direct comparison between the rehabilitation hospitals for active soldiers and the VA hospitals wasn’t entirely fair – “The atmosphere in a convalescent hospital is naturally more hopeful, and the VA hospitals get all kinds of cases, chronic and acute.” Nonetheless, the article severely criticized the VA: “I found at Pawling none of the defeatism, red tape, cynicism, mechanical regimentation and dehumanization of medical care that I had seen at Veterans Administration hospitals.”<sup>307</sup>

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<sup>305</sup> Ibid, 97.

<sup>306</sup> “Air Forces Hospital Humanizes Treatment,” no publisher, April 23, 1945. Folder 253, Newspaper Clippings 1942-1945, Howard A. Rusk Papers, The State Historical Society of Missouri, Columbia

<sup>307</sup> Ibid.

### ***Rusk and Local Interest in Rehabilitation***

In the opinion of Rusk, St. Louis itself had a history with less than welcoming attitudes toward rehabilitation medicine as a field worthy of increased focus. Rusk's autobiography indicates he had attempted to stay in St. Louis, trying to interest Washington University Medical School, where he had taught, to focus further in the field, but found it was not responsive to his overtures.<sup>308</sup> Rusk wanted to find a way to integrate his passion for rehabilitation into the civilian world – "I knew that for every veteran who needed such help there were a dozen more civilians who needed it. The veterans were going to get it, through the Veterans Administration, but very little was being done for civilians with disabilities, and there were an estimated twenty million of them in this country."<sup>309</sup> When he did find a willing ear at Washington University in a former colleague, "even he was unable to sell rehabilitation to the rest of the faculty. They seemed to think I was trying to push some kind of 'social service boondoggle.'"<sup>310</sup> Six years later, in 1952, the local medical community was still resistant to broad programming for rehabilitation; the Jefferson Barracks Veterans Hospital's Chief of Physical Medicine and Rehabilitation Service was blunt, in a newspaper account of a meeting of the city's Social Planning Council: "Rehabilitation services available in St. Louis are not handling all the patients they could 'because the medical profession in this community does not support this service wholeheartedly.'"<sup>311</sup>

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<sup>308</sup> Ibid, 99-100.

<sup>309</sup> Ibid, 99.

<sup>310</sup> Ibid, 100.

<sup>311</sup> *St. Louis Post-Dispatch*, "Assails Medical Non-Support on Rehabilitation: Health Meeting Speaker Appeals for Setup of Center to Serve St. Louis Area," November 19, 1952. On file at St. Louis VA Medical Center, Jefferson Barracks Division, Medical Media office.